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"A woman's hands are always in the spotlight. That's why I cream my hands often . . . with Pacquins!" says

Madelune Carroll

Try their method—a 12-second hand massage with non-sticky, non-greasy

Pacquins Hand Cream

morning...night...whenever constant scrubbing leaves hands rough and dry

Snowy, fragrant Pacquins, originally formulated for doctors and nurses, is now the largest-selling hand cream in the world. Why? Use Pacquins regularly, and you'll soon see why! Your hands will be so much smoother, softer, better-groomed.

When hospital scrubbings roughen your hands, let Pacquins soothe them back to loveliness. For dream hands, *cream* them often...with Pacquins!

ON SALE AT ALL COSMETIC COUNTERS IN UNITED STATES AND CANADA STARS AND NURSES AGREE...

For dream hands, Cream your hands"



NURSE FRANCES ZALONIS agrees: "Nurses and doctors scrub their hands 30 to 40 times a day! It takes a cream like Pacquins to protect our hands! Pacquins was originally formulated for nurses and doctors."



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#### cover credits

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# for greater strides towards better health and vigor

Citrus fruits and juices are almost without parallel among foods for their remarkable nutritional impetus to growth, bodily vigor, stamina<sup>3</sup> and resistance to disease.1 Their abundance of the essential vitamin C, with other necessary nutrients\* (including rich natural fruit sugars for quickly available energy),3 make them uniquely valuable in the modern patient dietary, both in sickness and in health. And, because they rank high in taste appeal and are so refreshing,5 you are assured wholehearted patient cooperation when you recommend the frequent ingestion of citrus fruits and juices-either to combat anorexia, aid digestion, assist in normalizing the gastrointestinal tract, during pregnancy and lactation, for infants and children, or pre- and post-operatively. Equally tangy and nutritious, whether fresh, canned, concentrated or frozen.

FLORIDA CITRUS COMMISSION - Lakeland, Florida

°Citrus fruits—among the richess known sources of vitamin C also contain vitamins A, B<sub>1</sub>, and P, readily assimilable

natural fruit sugars, and other nutritional factors such as iron, calcium, citrates and citric acid,

#### REFERENCES

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Oranges · Grapefruit · Tangerines



# look your best

Feel your best! Be comfortable, wherever you go.

Simple, routine use of Bo-Car-Al® can help you gain and keep poise and self-confidence.

Pleasantly scented, soothing, deodorant Bo-Car-Al powder exhibits mild antiseptic properties for feminine hygiene and a pH of 3.5 to 4.0, which helps preserve normal vaginal acidity and freedom from infection.

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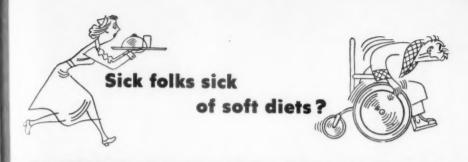
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Without charge, please send me a trial packet of Bo-Car-Al Hygienic Powder.

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The makers of Swift's Strained Meats invite you to send for the new physicians' handbook of protein feeding, written by a doctor, "The Importance of Protein Foods in Health and Disease," Send to:

The food soft-diet patients have to eat! No wonder they succumb to appetite-apathy.

But many physicians today have discovered there is a way to put appetizing, real meat goodness into soft diets. They recommend Swift's Strained Meats. These specially prepared meats retain all their palatability, and a maximum of nutrient value in a form that's highly digestible—easy to eat. To vary patients' menus, Swift's Strained Meats offer six different kinds: beef, lamb, pork, veal, liver, heart.

Convenient-ready to serve.

Nutritionally, Swift's Strained Meats provide an excellent base for a high-protein, low-residue diet. A rich source of complete, highquality proteins, they make available simultaneously all known essential amino acids -for optimum protein synthesis. In addition, Swift's Strained Meats supply hemapoeitic iron and goodly amounts of B vitamins. Let Swift's Strained Meats help overcome anorexia in your soft-diet patients!

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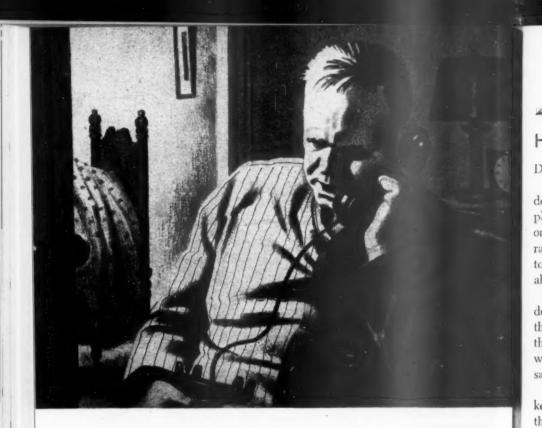
Chicago 9, Illinois



All nutritional statements made in this advertisement are accepted by the Council on Foods and Nutrition of the American Medical Association.



For patients who can take foods of less fine consistency—Swift's Diced Meats—tender morsels of nutritious meats. Tempting flavors patients appreciate.



#### "But my head aches NOW!"

Until the basic cause is determined, relief can be given a patient suffering from headache pain through this simple expedient — ANACIN tablets. They work fast and for a prolonged period of time, exceeding the effectiveness of aspirin tablets. Anacin — the famous A-P-C formula — can be depended upon for uniformly excellent results.





WHITEHALL PHARMACAL COMPANY . 22 East 40th Street, New York 16, N.Y.

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### DEBITS & CREDITS

#### Her Brother's Keeper

Dear Editor:

I disagree strongly with, and sadly deplore, the Rev. McAllister's implication that it is nobler to serve in one's profession for the love of God rather than for the good we can do to relieve some of the misery we see about us. ["White Caps," R.N., May]

The atheist who performs a kind deed for a human being purely for the sake of doing good is far above the individual who enters nursing with the purpose of winning her own salvation.

One's duty is to her brother whose keeper she certainly is. Is this not the principle set forth by Florence Nightingale and handed down by others of our staunch predecessors?

> ANNA NOTO RUDIN, R.N. PALO ALTO, CALIF.

#### On "Man's Inhumanity . . . "

Dear Editor:

It is not often that one disagrees with Miss Janet Geister and this is only slight disagreement tempered with regret that remedies were not suggested in her article "Man's Inhumanity to Man" [R.N., Dec.]. One point this writer protests and that is the implication that "power-happy people" emoy dismissing workers.

It seems to me that the first mistake occurs when the worker is employed. We should select our workers on the basis of qualifications, carefully and impartially studied, rather than on the personal recommendations made by friends. If we would then insist on signed employment agreements giving the worker security and providing both employer and employe with the safety valve of an arbitration clause in case of disputes, we would help to remove the personal element which inevitably affects human relationships.

If minimum and maximum salaries and planned increments are established and clearly set forth for workers in our professional and non-profit organizations, we shall have taken a step toward the prevention of humiliation both to workers and employers alike.

We as nurses have begun to mature professionally and have created the tools which are needed to work out these problems. Our professional placement services offer opportunities to select workers for their qualifications. We profess to believe in and promote sound personnel policies and have learned to sign contracts for our members. If we can





# PERTUSSIN in successful use for over 30 years for COUGHS in

- Acute and Chronic Bronchitis
   Paroxysms of Bronchial Asthma
  - . Whooping Cough
  - Dry Catarrhal Coughs
     Smoker's Cough

n Pertussin—the active ingred

In Pertussin—the active ingredient— Extract of Thyme (unique Taeschner Process) effects relief of coughs not due to organic disease, because it:

- 1. Relieves dryness by stimulating tracheo-bronchial glands.
- 2. Facilitates removal of viscid mucus.
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- 4. Exerts a sedative action on irritated mucous membranes.

Pertussin is entirely free from opiates, chloroform and creosote. It is well tolerated by adults and children and is pleasant to take. It has no undesirable side action,

### **PERTUSSIN**

For Children, Adults and the Aged

SEECK & KADE, INC. NEW YORK 13, N. Y. only learn to apply those principles at the base of operations, we shall inevitably prevent the injustices of which Miss Geister so eloquently speaks.

R.N., NEW YORK, N.Y.

Dear Editor:

The excellent article "Man's Inhumanity to Man" has prompted me to tell you of the injustice I have just experienced.

While employed in a research hospital I was given my check December 15 with a letter containing a single sentence, "Your resignation is requested as of January 1." When I consulted the medical director of the hospital I was told that I was not cooperative and that was the only reason he would give.

I had realized that the charge nurse, a close friend of the director's, did not like me, but as I did my work well, and was liked and respected by the patients, I did not let it worry me. The truth is, I do not "apple polish." Having always done very well on my merit, I find servility quite unnecessary. However, in this institution one's standing apparently depends upon the amount of servility one gives to those in charge. If one doesn't give it, she is immediately called uncooperative.

Surely the nurses' associations should be able to remedy such a situation. No wonder nurses are joining the unions! While I must admit that my pride is terribly hurt, my conscience is quite clear and I know that I never have been or never will be accused of poor work. However, just

## How <u>mild</u> can a cigarette be?



n a recent coast-to-coast test, hundreds of men and women smoked Camelsand only Camels-for 30 consecutive days. These people smoked on the average of one to two packages of Camels a day during the entire test period. Each week, throat specialists examined these Camel smokers. A total of 2,470 careful examinations were made by these doctors. After studying the results of the weekly examinations, these throat specialists reported:

## "Not one single case of throat irritation due to smoking camels!"

Money-Back Guaranlee! Test Camel mildness for yourself in your own "T-Zone." T for taste, T for throat. If, at any time, you are not convinced that Camels are the mildest cigarette you've ever smoked, return the package with the unused Camels and we will refund its full purchase price, plus postage. (Signed) R. J. Reynolds Tobacco Company, Winston-Salem, N. C.



According to a Nationwide survey:

More Doctors & SMOKE CAMELS

than any other cigarette



When three leading independent research organizations asked 113,597 doctors what cigarette they smoked, the brand named most was Camel

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Look your feminine loveliest and be at your professional best. in this fashionably-styled uniform. Lavishly tucked-front blouse with tucked set-in belt. Concealed gripper fasteners down to hem. Fine quality Supercraft Poplin . . . Sanforized. Sizes 11 to 17, 12 to 20 and 36 to 42.

Nursecraft Uniforms, R-39
120 E. 59th St., New York 22
Send me your Style 1156 uniform at \$7.95, in Size I will examine it upon receipt, and if for any reason I am not entirely delighted with it, I may return it immediately for full refund.  Payment enclosed—send prepaid.
Send C.O.D. plus mailing charges.
Name
Address
City Zone State

as soon as I possibly can, I am going into some other profession.

R.N., GLENDALE, CALIF.

I agree with Miss Janet Geister that too often nurses become pompous with power and de-humanized. These nurses are mere uniformed scarecrows held up by the starch of their own imagined importance. They enjoy stepping on subordinates. I was snubbed recently by a supervisor, 20 years my junior, for "unethical conduct" while helping out in an emergency, and have never been to that hospital since.

R.N., WORCESTER, MASS.

How true, how true is your article on "Man's Inhumanity to Man!" I am one of the victims of such inhumanity. For years I was afraid to be myself and afraid to even defend myself against the ruthless whims of my superiors. At long last I have found happiness doing personnel and first aid work at a hotel. Public health has lost me forever.

RN., DALLAS, TEX.

"Man's Inhumanity to Man" has certainly struck home. Even a criminal has a right to a fair trial but not the nurse. After nine years, an experience I suffered in nursing is still an open wound and hurts as much today as when inflicted. No amount of compensation can heal it.

R.N., WASHINGTON, D.C.

I would like you to send me 10 reprints of "Man's Inhumanity to Man" by Janet M. Geister, R.N. I re-

UNIFORMITY

BAYER

ASPIRIN

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One of America's finest drug plants is devoted solely to the making of Bayer Aspirin. Nothing you prescribe is more carefully made. To make sure that Bayer Aspirin is always uniform in quality, more than seventy tests and inspections are employed in its manufacture. Behind these tests and inspections are forty-seven years of experience in making the analgesic for home use... Bayer Aspirin.

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## "SAFE"... is an important word

In the evaluation of a therapeutic substance, safety in dosage is all-important. The wide margin of safety of phenolphthalein was demonstrated by using rhesus monkeys as test subjects, because they respond as humans do. When 200 times their individual threshold dose of phenolphthalein was administered, no untoward effect whatsoever occurred. The action was entirely physiological.

Phenolphthalein that has been biologically tested for effectiveness is the active ingredient of Ex-Lax. The chocolated base imparts an unusually pleasing taste to Ex-Lax—a distinct advantage for use during pregnancy and in administration to children. Gentle but thorough action, free from disturbing harshness, makes Ex-Lax an all-around laxative, equally suitable for adults and children, in appropriate doses.

Ex-Lax may be taken during the day without occasioning embarrassing urgency, or at bedtime without disturbance of sleep. Ex-Lax is truly the laxative for use under all circumstances when a laxative is indicated.

An increasingly large number of physicians recognize the merits of Ex-Lax and use it in their practice.

## **EX-LAX**

THE CHOCOLATED LAXATIVE

Ex-Lax is economically priced at 10 cents for 6 tablets, 25 cents for 18 tablets. Trial supply and literature sent on request . . Ex-Lax, Inc., Brooklyn 17, New York.

cently retired from the VA, having been in Government service for 40 years. In one hospital where I worked there were nurses in authority, who fit very well Miss Geister's description of "power-happy" people. I have decided to send each one of these nurses a copy of the article with the hope that it may make some of them take account of themselves.

R.N., POMONA, CALIF.

Will you please send me two copies of "Man's Inhumanity to Man" as soon as possible. Truer words were never spoken. Something should be done to revolutionize the profession of nursing if this "inhumanity" is going to affect the shortage of nurses. Every student nurse can recall some instance of unfairness while in training. Tolerance, good judgment, fairness and understanding are qualities that are greatly needed in nursing.

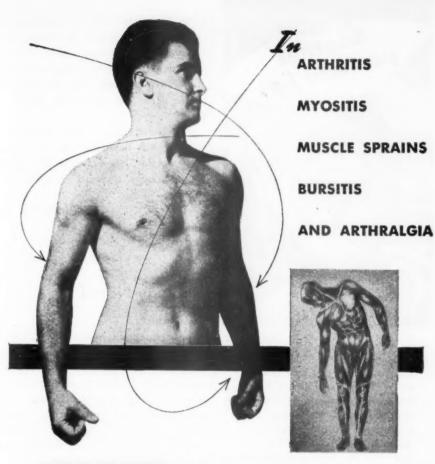
R.N., SAN FRANCISCO, CALIF.
[Requests for over ninety reprints
of Miss Geister's article have been
received already.—THE EDITORS]

#### Uniform Blues

Dear Editor:

Last year nursing was celebrating its 75th anniversary. We as a group are proud of our advancement through the years. We are proud of our predecessors and what they have done to bring our profession to its present day standards.

We who are still serving our country in the capacity of the Navy Nurse Corps have recently been dealt a



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**OBJECTIVE IMPROVEMENT** may be achieved through the beneficial influences exerted on the pathologic processes by the active hyperemia induced by a Baume Bengué massage.

**SUBJECTIVE IMPROVEMENT** is evidenced by a comforting sensation of warmth and relief of pain which may result from the combined local and systemic effects of Baume Bengué.

Percutaneous absorption of methyl salicylate not only reinforces the topical effects of Baume Bengué but can enhance other systemic measures used to combat the underlying disease processes. The proof of the systemic effects of such preparations was established by the fundamental work of Moncorps, Kionka, Hanzlik, Brown and Scott.

Baume Bengué

Baume Bengué provides 19.7% methyl salicylate, 14.4% menthol in a specially prepared lanolin base.

THOS. LEEMING & CO., INC., 155 E. 44TH ST. N.Y. 17



#### for Your Patients!

How often do you hear patients say: "My lips are so dry!" And how easy it is to apply the soothing comfort of 'CHAP STICK.' This handy little bedside companion is specially medicated for "hospital lips." It's the only antiseptic lip balm. You'll be surprised how much your patients will welcome the relief that 'CHAP STICK' brings—how thankful they'll be to you for suggesting it. Use it on your own lips, when they're chapped or cracked by wind and weather.



CHAP STICK CO., Lynchburg, Va.

blow that hits both our professional pride and our esprit de corps. The Navy wants to adopt a new uniform for the Nurse Corps patterned after the Wave uniform. We do not approve the adoption of such a uniform.

Scuttlebutt has it that the Waves want "gold braid." O.K., let them have it but let us keep the Navy Nurse Corps uniform that we are proud to wear.

ILA M. CURRY, Lt. j.g. (N.C.) U.S.N. U.S.N. HOSPITAL GREAT LAKES, ILL.

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#### Apology Noted

Dear Editor:

Your sincere apology [R.N., Oct.] was most kind. Your truthful words may have been ill-chosen but they do not alter the fact that we who trained before a high school diploma was required, should keep abreast of the times. Perhaps a "poorly worded" editor's note occasionally would give R.N.'s a much needed jolt.

There is no excuse for a capable R.N. to be without a high school diploma in this day and age. There are adult education courses in many cities. For foot-weary nurses the American Correspondence School offers courses leading to a diploma. The terms can be adjusted to fit any purse and the grand thing about it is that the student may study at her own convenient pace, place and time.

MAEBELLE C. TEMPLE, R.N. HYDEVILLE, VT.



You know, you do more for your patient than you might think . . . For instance, your crisp clean uniform and your air of confident grooming go a long way to brighten your patient's day.

But good grooming is more than the morning bath and a bright fresh uniform. Because perspiration is a continuous process.

Mum is the safer way to preserve morning-bath freshness because it contains no harsh or irritating ingredients — stays smooth and creamy — does not dry out in the jar. And Mum is sure because it prevents

underarm odor throughout the day or evening. Recommend it to your patients too.

Why take a chance when you can MUM in a moment?



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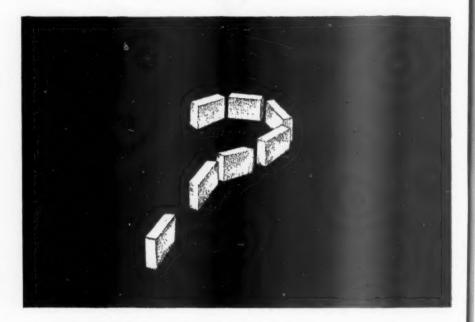
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#### What is Sugar?



An accurate breakdown of the constituents of commercial and household products of the sugar industry as they reach the market has long been needed.

Before any true evaluation of the role of sugars as combining agents in the human diet can be made, all the ingredients must be minutely measured. At laboratories, accurate vitamin and mineral assays of all the various grades of sugar and molasses are underway.

From preliminary reports it is evident that raw sugar juices are not a naturally rich source of the B vitamins. Also, another interesting finding is that brown sugar contains from three to four times as much mineral as raw sugar, since mineral matter is concentrated in the retining process.

Information about this phase of the Foundation's research program and an outline of projects in physiology, medicine, chemistry, biology and food technology are available on request.

SUGAR RESEARCH FOUNDATION

A NON-PROFIT INSTITUTION

52 Wall Street, New York 5, N.Y.



## The Importance of Lotion 10FA\* in the Prevention of Impetigo

OVER A PERIOD of three years, in a large Chicago hospital, extensive studies were made to determine the relative effectiveness of certain preparations for infant skin care.

Among the preparations was an oilin-water emulsion, designated as Lotion 10FA.

The performance of Lotion 10FA, as reported in the American Journal of Diseases of Children (March, 1948), was outstanding.

\*Available commercially as
JOHNSON'S
BABY LOTION

Johnson Johnson

During the course of study, the case incidence of miliaria was reduced from 55% to 3%, this remarkable reduction appearing due to the use of Lotion 10FA. Not a single case of impetigo occurred among infants given routine care with this Lotion.

The author of the report concludes: "In the prevention of impetigo, avoidance of miliaria is at least as important as antisepsis."



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FREE! Mail coupon for sample bottle! Johnson & Johnson, Baby Products Div. Dept. C-2, New Brunswick, N. J. Please send me, free of charge, one

sample bottle of Johnson's Baby Lotion.

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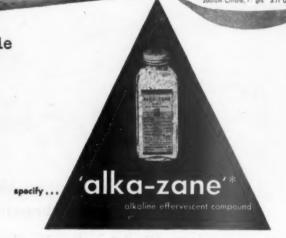
City State
Limited to nursing profession in U.S.A.

for maintaining urinary alkalinity

One heeping teaspoonful prevides:

Catcium Glycerophoshate,
1 &/10 gm. 0.10 Gm.
Magnesium Phosphate, 3½ gms. 0.22 Gm.
Calcium Phosphate, 7½ gms. 0.22 Gm.
Patasium Bicarbonate, 7 gms. 0.45 Gm.
Sodium Bicarbonate, 17 gms. 1.10 Gm.
Sodium Citrate, 4/ gms. 3.11 Gm.

during sulfonamide therapy



\*Alka-Zane'\* Alkaline Effervescent Compound gives a supply of different bases normally present in the body. The use of a variety serves to be more "natural" than administering a single alkali such as sodium bicarbonate.

'Alka-Zane' Alkaline Effervescent Compound is a pleasant and efficient agent for alkalinizing the urine; in addition, it encourages a good fluid intake. These properties make 'Alka-Zane' a very useful product during sulfonamide therapy where it is necessary to raise the pH of the urine and insure a good fluid intake to prevent crystalluria. 'Alka-Zane' Alkaline Effervescent Compound in water produces a palatable drink that makes it easy to get patients to take enough fluids.

How Supplied: 'ALKA-ZANE' Alkaline Effervescent Compound is supplied in 1 1-2 oz., 4 oz., and 8 oz. bottles.

William R. Warner & Co., Inc. 113 West 18th Street, New York 11, N. Y.



Modify Measles

with Immune Serum Globulin - Cutter



#### Help build natural immunity-simultaneously!

Measles is climbing to its peak right now according to U.S. Public Health reports, An important consideration for your small, redrashed patients is modification with Immune Serum Globulin - Human to help build a natural immunity and reduce the danger of measles-resultant complications.

Now is a good time to use Cutter Immune Serum Globulin fractionated from human venous blood. 160 mgm. per cc.-this known constant gamma globulin content permits low volume, adjustable dosage.

Keep your pharmacist advised of your needs for gamma globulin - and specify Cutter.

IT'S THE GAMMA GLOBULIN THAT COUNTS IN CUTTER

Cutter	Blood Spurce	Solution Appearance	Gamma Glabulin Content	Medification Dosage				
Serum Globulin- Human	Fresh Normal VENOUS Blood	Water Clear Hemolysis- Free	160 mgm. Per cc.	0.3 — 0.4 et.				

Human \* means venous blood, freshly pooled from normal healthy donors.

Water Clear Solution, hemolysis-free and non-pyrogenic.

Gamma Globulin concentration-160 mgm. per cc .- reduces dosage volume with constant globulin potency-adjustable for prevention or modification of measles.

CUTTER LABORATORIES, BERKELEY 10, CALIFORNIA

IMMUNE SERUM GLOBULIN- D CUTTER



#### WHITE-FOR-DUTY BEAUTIES

Gotham Gold Stripe
Friv-O-Lace stockings,
with a ring of
decorative lace just
below the Gold Stripe.
All nylon, 45 gauge,
30 denier. Buy these
stockings at your
favorite store.
If not obtainable,
use coupon below.



GOTHAM GOLD STRIPE

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	I would like 45 gauge Gotham Gold Stripe Friv-O-Lace* Nylons illustrated "On A Pedestal." Please send me, through a local store, pairs Gotham Gold Stripe
	Friv-O-Lace Nylons in 45 gauge, 30 denier WHITE, Style 4304, at \$1.65 a pair. My size is I enclose Check or Money Order . (Don't send stamps.)
	NAME
	ADDRESS
	CITYSTATE
	(Coupon orders filled only in the U.S.A.)

### SCIENCE SHORTS

A report in the Annals of Allergy tells of the treatment of 60 patients with a new drug called compound 887. Approximately 80 per cent of the patients treated were benefited. Though the sedative effect somewhat limits its usefulness, particularly during the day, it enables the patient to get a good night's sleep by checking wheezing, shortness of breath and coughing in asthma.

Odors in an enclosed space can be quickly eliminated by a new spray, "Metazene," shortly to be made available. It is odorless, colorless, non-toxic as well as economical.

Anti-pneumonia serum, pneumococcus polysaccharides, was being administered to youngsters between the ages of two and four at the Well Babies' Clinic of the Children's Hospital in Washington, D.C. This was an experiment to test its value to the pre-school age child, following its successful use in the Armed Forces and among old age groups.

Aureomycin is now marketable, by approval of the Federal Food and Drug Administration.

A noticeable reduction in intelligence, especially in the ability to define words, has been noted as a result of the operation called gyrectomy, that involves removing one of the convolutions of the frontal lobes of the brain, done in some cases of epilepsy.

Dihydrostreptomycin is being tried against tuberculosis on a large scale in 19 veterans hospitals.

A person subject to frequent accidents is not clumsy, but "rebels not only against external authorities but against the rules of his own reason and self-control," Dr. Frank Alexander of the Psychoanalytic Institute of Chicago told the convention of the National Safety Council. The only remedies, he said, were to influence the individual to change his nature, or to remove him from occupations where the accident hazard is great.

Chloroquin, developed during the war as a substitute for the unavailable quinine, has been used with some success against East African malignant tertian malaria by a scientific research expedition in Africa for more than a year. The drug has few adverse reactions, and does not tint the skin yellow, as does atabrine.



march R.N. 1949



Typical nurse's uniform 1865

**Styles** change...



but surveys show nurses still prefer:

#### 1. WHITENESS IN A WHITE SHOE CLEANER 2. GRIFFIN ALLWITE OVER ALL OTHER BRANDS

You asked for it . . . you get it . . . in Griffin Allwite! Coast-to-coast surveys show that you want whiteness in a white shoe cleaner . . . and prefer Griffin Allwite over all other brands! And no wonder . . .

Griffin actually makes your white shoes whiter than new! It's easy to apply . . . cleans well, too! Griffin resists rubbing off. And it's made with all the scientific skill of an ethical product-it's perfectly safe for all white shoes.

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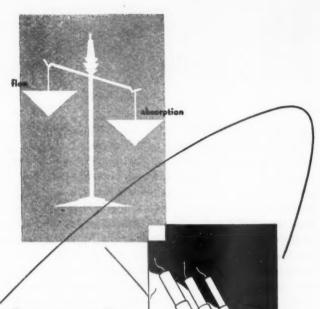
Nineteen American universities sought the answer in a research project-October, 1946 through September, 1947-on the cost and availability of 12 commonly used foods. Results of this research boil down to this: Penny for penny canned foods in general give consumers more food for their money, as well as more nutritional values. Most foods in cans cost less than the same foods in glass—less than fresh foods-and far less than frozen foods.

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\*For full details see "Comparative Cost and Availability of Canned, Glassed, Frozen, and Fresh Fruits and Vegetables" in the April, 1948 issue of the Journal of the American Dietetic Association.

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\*Am. J. Obst. & Gyn., 31:979, 1936.

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## RN. Speaks:

#### IS FEDERAL AID to NI

A TOTAL OF 21,965° R.N.'s are staffing Federal operated and supported hospitals and health agencies; 12,500 of these are employed by the Veteran's Administration, 4,086 by the Army, 1,956 by the Navy, and combining commissioned and civil service, 1,785 by the Public Health Service. When the number of R.N.'s engaged in giving nursing care and services in Government hospitals is compared with the available supply and present increased demands, it does seem to strengthen the theory that it was a historical mistake that provided for the subsidization of school teachers' education but not nurses'. Basing their reasoning on this fact alone, many observers are convinced that, if only out of fairness, the Federal Government is obligated to give some kind of financial assistance to the education of future nurses.

It has become a certainty that the nursing profession can not solve the shortage problem by itself or even in consultation with those immediately involved in the problem; namely, the medical profession and the hospital administrators. Conferences among these three groups, more frequently resembling a verbal boxing match refereed by Emily Post, have consisted of a minimum of objectivity and a maximum of self-interest. All the conferees should be held equally responsible for the repeated bogging down of discussions. Their failures have progressively become more serious as the situation grows more acute. The innumerable attempts to reach, not the ideal, but a workable solution, have been bottlenecked by the lack of understanding of each other's problems, and many times there has been actual evidence of downright cross-purposes. The picture, up to now, has appeared hopeless.

Finally, in desperation, organized nursing, presumably aware of the dangers of political intervention, has asked for Federal legislation to provide aid to nursing education as one means to counteract the nurse shortage. Such legislation, introduced in the 80th Congress as S.2588, sponsored by Sen. Elbert Thomas (D.), died with that Congress. A proposed combined bill, referred to as the omnibus bill, will ask for Federal aid to nursing, medical and dental education in the form of direct grants to approved institutions with specific provisos.

The immediate intent of the proposed nursing bill is to stimulate

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<sup>\*1948</sup> Facts About Nursing, ANA, New York.

#### TO NURSING EDUCATION OUR ANSWER?

recruitment, thereby increasing the number of nurses. Its passage and that of supportive bills, probably would expand educational facilities, condense and improve the diploma courses in hospital schools, and provide for the establishment of training schools for large numbers of practical nurses under the public school system.

Nursing leaders believe if Federal funds are available they should be used (1) to promote collegiate schools of nursing; (2) to prepare administrators and educators; (3) to accelerate the practical nurse program; and (4) to grant Federal aid to the best hospital schools of nursing during the transition period. But, the leaders stipulate, included in the bill should be a definite cut-off time when funds to hospital schools will cease. (They suggest 10 years with a review at the end of five years.) Also to be included in Federal legislation, they ask that the practical nurse title be changed to the more dignified "nursing technician," and that it be required that states have a licensure law before they receive Federal funds.

All these suggestions came to light when Oscar R. Ewing, Federal Security Administrator, called a group together to discuss legislation for nursing service and nursing education in the latter part of December. Pushing hard for compulsory health insurance, Mr. Ewing is well aware that his pet project is hamstrung by the present shortage of professional personnel unless he can multiply professional personnel with the speed of a rabbit . . . And he needed advice.

He knew, after listening to the views of the nurses representing the profession, that part of the answer to the shortage of nurses could be Government subsidy to professional education, for lessening the costs of such education automatically removes one of the blocks to recruitment. Also, he knew that once hospitals couldn't depend upon student nurses' services to care for a large proportion of the patient load, they would need substitutes. The nursing technician [a good title] can be trained within a year, and since organized nursing has reversed itself and now approves of the well prepared nursing technician, Mr. Ewing can be assured of the profession's cooperation. However, he discovered at the two-day conference that although there [Continued on page 82]

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#### The Financing

#### of Professional Education

TRADITIONALLY, THE MEDICAL, dental, nursing, and public health schools of this country receive support from four sources—private endowments, private gifts, tuition fees and taxes. Well over half of the 70 four-year medical schools, for example, are maintained principally through endowments, gifts and tuition fees. The remaining schools, primarily supported by state or city revenue, must also depend upon private sources for important parts of their income.

Endowments and gifts are failing as a source of revenue. Over the years they have remained fixed or declined. At the same time, rapid advances in the health and medical sciences have added tremendously

to the cost of professional education.

[There are 6,276 registered hospitals of all kinds in the U.S. This figure includes 4,538 general hospitals.] The general hospitals, those which provide most types of care, such as in surgery, general illness and childbirth—have 44 per cent of the one and a half million hospital beds. In terms of service rendered, these general hospitals care for 93 per cent of all patients admitted to hospitals in any year.

More than three-fourths of these general hospital beds are operated on a non-profit basis; the vast majority of them by voluntary associations or religious groups, sponsored and supported by private groups and public subscriptions for the benefit of the community. It is among this group of general voluntary hospitals that the greatest difficulty occurs over financing the costs of operation and maintenance.

While the cost of educating a nurse appears to be substantially below that of training other health personnel, most of the cost of nurse training is met by labor of the students in hospitals—a system that discourages candidates from entering the profession.

These conditions point to one inevitable conclusion: public funds are the only source of income sufficient to expand the professional schools to the degree necessary to meet our needs.

-The Nation's Health

#### **Nurses and Nurse Education**



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Nurses are the largest single group of health workers in the Nation. The ANA has estimated the current shortage of nurses at 42,000. Many more thousands will be needed by 1960, not only for existing hospitals but to staff the many new hospitals and local health centers being built, and to help in applying the new knowledge in patient care and public health.

The increased demand for nurses is demonstrated by the report before the National Health Assembly that the number of graduate nurses employed by teaching hospitals has increased by 270 per cent since 1945. The fact that one-third of all the counties in the United States reported not a single full-time public health nurse in 1947 is indicative of future needs in the field of public health nursing.

Meeting these needs will require considerable expansion of nurse and teaching facilities and improved quality of training. The entire training system requires extensive revision.

Schools attached to small hospitals with limited educational and clinical facilities should combine with other schools, or should utilize their facilities to offer clinical experience in larger schools. Nurse training should be concentrated in colleges and large hospitals which should develop affiliations with other hospitals, special institutions, and with public health and other facilities in both rural and urban communities. A tour of duty in such outlying hospitals would give students an insight into the opportunities and undoubtedly would attract a sizable number of nurses to those localities. Such tours of duty also would help upgrade the quality of nursing services in rural hospitals and relieve small hospitals of the need to maintain full teaching staffs.

Use of student nurses as hospital labor should be discontinued, and a sound alternative system of financing nurse training, and for providing nursing service in hospitals, should be devised.

Training courses for highly trained professional nurses can be shortened considerably by reducing the time students are forced to spend in the repetitive performance of routine duties. This points to the training of supporting workers—particularly practical nurses. Through their use, efficient high-quality nursing care could be provided more economically.  $-The\ Nation's\ Health$ 

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#### FIVE STAR EXPERIMENT

THE EXTENSION OF THE HOSPITAL INTO THE HOME

WHEN THE EXECUTIVE of the Home Care Department of Montefiore Hospital in New York City, Dr. Martin Cherkasky, made the statement:

"Home care for patients who are suitable is not only as good as hospital care, it is infinitely better; for in a hospital, a patient is one of many," he knew whereof he spoke.

Dr. Cherkasky has had ample opportunity during the past two years to observe the phenomenal success of this experiment in patient care and so have the many interested visitors from all over the United States, England, Hawaii, Canada, South and Central America, Asia, Australia and Palestine. The many ill men, women and children who have found themselves released from the hitherto inescapable boredom of hospital confinement bear witness to the merits of a plan which seeks to fill a two-fold need: providing individualized care for the patient, and relieving the shortage of expensive hospital beds.

What is home care? In its simplest terms, it means transferring a patient from a hospital bed to one in his own home and taking the hospital to him. This extramural program includes not only the services of a doctor and a nurse but the facilities of every de-

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partment of the hospital: physical therapy, occupational therapy, social service, transportation, housekeeping help, medications and hospital equipment.

The factual story of Montefiore's home care program is as fascinating as fiction. As far back as 1924, Dr. E. M. Bluestone, Montefiore Hospital's director, was seeking some solution to the problem that even then was plaguing all hospital administrators: where could he find enough beds to accommodate even a portion of the number of applicants on the hospital's waiting list? The answer he came up with was the empty bed in the patient's home, but such a revolutionary plan would involve many difficulties, the first of which was finances. It was not until 1947 that such a program was begun.

Montefiore has one advantage over other hospitals; most of its patients are chronic cases. According to current thinking, a plan for taking care of such patients in their own homes was feasible. Since many of his patients were cancer cases, Dr. Bluestone went first to the New York City Cancer Committee, which, upon being convinced of its possibilities, authorized a pilot project to give cancer patients medical and nursing care in their homes, and granted the hospital an initial sum of \$30,000. Next, Dr. Bluestone consulted representatives of the Greater New York Fund who, cooperatively, allotted \$5,000 to make this program available to victims of other long-term illnesses.

To direct the entire project, Dr. Bluestone selected Dr. Cherkasky, a former lieutenant-colonel in the Army Medical Corps and a recent graduate of the Montefiore staff. The latter set up a procedure to be followed with all patients being considered for possible home care, and it is in this preliminary planning that the strength of the program is found. The most carefully detailed screening is carried out to make sure that only patients who can be adequately cared for at home are permitted to leave the hospital. In Montefiore Hospital about 50 per cent of those considered are actually permitted to receive home care.

When a hospital doctor decides that a patient no longer requires specialized hospital facilities such as x-ray or surgery, he may recommend that the patient be considered for home care. A doctor from Dr. Cherkasky's Home Care Department rechecks the first physician's findings and reports on whether or not he has found the patient to be medically eligible. Next, a social worker interviews both the patient and members of his family to decide if he is socially eligible. Many factors come under the heading of social eligibility.

Obviously, the patient must live close enough to the hospital to make its services easily accessible. According to Dr. Bluestone, "The greater the medical urgency, the less the allowable distance between the pa-

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<sup>\*</sup>Approximately 70 per cent of all persons with chronic disease can be cared for at home, provided adequate supervision and assistance are available.—The Nation's Health.

tient's bed in his home and the borrowed bed in some area of the hospital. The less the medical urgency, the greater the allowable distance, up to the point where the patient—any type of patient—can remain in his own home under an extramural hospital program." The patient's home must have basic requirements: heat, hot water and toilet facilities. His family must be willing to have him at home and sincerely wish to do all they can to help.

This task of the social worker's is perhaps the hardest of all, for she must decide if the patient's home and family will provide a better atmosphere than the hospital. If there is some family problem or maladjustment, it does not immediately mean that the patient cannot go home; however, it does mean that the social worker must keep in contact with the family and do all she can to relieve that condition. The family's health and well-being must be considered too; for example, it would probably not be wise to have a person in great pain sent home where a child might observe his suffering.

If both the medical and social eligibility of the patient pass inspection, he is accepted for home care. Here, too, many factors must be considered, chief of which is "Does the patient really want to go home?" Normally, most people are overjoyed at the prospect, even though they may at first feel apprehensive about their families' ability to care for them. There are, however, some people who do not want to go home and be a burden, real or imaginary, on

their families. There are also some people who do not want to go home—period.

Once the patient has been informed of his selection, the department of home care puts into operation its well-organized procedure. First of all, the patient is taken home via taxi or ambulance depending upon his condition. Once there, he is not stranded, for if he ever again needs to be taken to the hospital for special treatment, the home care service provides the transportation, as well as priority of admission.

Any pieces of hospital equipment which will make life easier for the patient are sent to his home. Hospital beds, wheelchairs, exercise bars and braces are all in this category.

The patient receives regular visits from the doctor as often as his condition warrants them. Hospital doctors are on call for emergencies 24 hours a day. In addition, all specialists on the staff of Montefiore Hospital are at the service of the home care department.

Public health nurses from the Visiting Nurse Service of New York visit the patient and give him the same efficient, thorough nursing care he would receive in the hospital.

Meanwhile, the social service worker keeps in close touch with the patient and his family, straightening out any difficulties that may arise, and carefully watches for improvement in the patient's attitude and morale. She may arrange for house-keeping service if it is necessary and may send an occupational therapist to visit a patient who needs help in

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finding some way to spend his time. Physical therapists are also sent out by the hospital to give heat treatments and massage and teach the patient exercises that will help him.

If the patient is a child, arrangements are made with the Board of Education to have a visiting teacher help him carry on his school work.

Thus in every way, the patient's physical, social and mental needs are met. His illness is the hospital's first consideration, but no phase of his well-being is neglected. This gives the patient the impression that the hospital exists for him alone.

To some people, such a plan sounds fine on paper, but they scoff at the idea that it can be effective in actuality. Individuals unfamiliar with the organization of Montefiore's Home Care Department may admit that such a program can be carried on with chronics who do not require constant treatment or specialized services, but they question the value of such a program where such services are necessary. To meet this challenge one need only look at the list of special treatments which have been given to patients at home. Among these are blood transfusions, chest and abdominal taps and special injections. If the patient needs x-ray treatments, he can be taken back to the hospital for them. The Montefiore Hospital Home Care Department has found that the change in the patient's mental state is well worth any inconveniences involved in taking hospital services to the home.

But if any further proof of the efficacy of this plan is needed, one might go to some of the patients who have been taken care of in this way. Montefiore's files are full of stories of almost miraculous recoveries, of asimprovements, physical tounding and mental, and of amazing changes in home and family status, all due to the home care program. The list is long and each case history more impressive than the last. Some stories, it is true, do not have a happy ending, but there is no evidence that the patient would have improved if kept in the hospital. In cases where the patient has died after being re-

Blood transfusions, chest taps and special injections were given at home when program was started. However, if these are needed frequently, doctor usually advises hospitalization.

Herald Tribune-Kavallines



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moved from the hospital, there has been almost unanimous agreement among the bereaved family that the patient's last days were happier because he was home. Directors of home care make no claims that it can save lives, but it can give patients the comfort of family life in the waiting years and it can give them hope. Even though this may be only the illusion of hope, home care will be a remarkable part of the social achievements of the future.

The program has grown since it was first started. Services have been extended to include patients with illnesses other than cancer. Included among the chronic cases now being cared for at home are patients suffering from heart diseases, peripheral vascular disease, neurological disturbances, severe diabetes, tuberculosis, arthritis and ulcerative colitis.

The success story of the home care department spread rapidly, and hospital administrators and physicians throughout the world wrote Montefiore asking for further information. Meanwhile, right in its own backyard, the Montefiore Hospital has kindled a spark. On November 1, 1948, Dr. Edward M. Bernecker, then Commissioner of Hospitals in the city of New York, announced that his department had started a home care program in the city hospitals, eventually to cover all of them. Funds were to be obtained from the \$2½ million to be appropriated by the city of New York from increased subway fares.

As of the first of this year, five

New York City hospitals, Bellevue, Morrisania, Kings County, Queens General and Goldwater Memorial have their programs officially underway. They are now caring for between sixty-five and seventy patients, using the services of the Brooklyn Visiting Nurse Association as well as the Visiting Nurse Service of New York.

At present, Montefiore Hospital has 75 patients in the Home Care Department, with plans to increase this number as soon as more funds are available.

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The question of funds is, of course, a major problem with all hospitals. As a voluntary (philanthropic) hospital, Montefiore depends upon contributions. The initial grants of the Cancer Committee and the Greater New York Fund were followed by additional contributions from these same groups. Other small grants were made by philanthropic organizations. Most recently, the Department received \$52,000 from the New York Heart Association. This money will be used for a pilot study on home care for "medically indigent" children with rheumatic fever.

Each year, approximately 1,854 children under 14 years of age are discharged from New York hospitals although they are still in need of supervised medical care. However, they cannot be kept there because there are only 350 hospital beds available for children with rheumatic heart disease.

According to Dr. Cherkasky, the best treatment now known for rheumatic fever [Continued on page 55]



The Problem of Weight Reduction

Ask the inner woman under that mountain of flesh whether she'd rather be thin and a smothered voice will whisper, yes. But offer her a chocolate bar and she'll probably say, yes, too. This dual personality, ladies and gentlemen, belongs to a food addict. And speaking of gentlemen, who are not exempt from this discussion, we'll admit that their efforts to eliminate bay-windows and achieve a respectable shape may be just as troublesome as those of the opposite sex.

In theory, weight reduction is simple; it means just cutting down on the amount of food you eat. However, putting this into actual practice is difficult, as difficult as breaking any life-long habit. Both mind and body are put in a quandary, one saying, "I must not" and the other answering, "But I have to." It's not surprising that many fat people without sufficient will power or incentive head for the nearest exit. The attitude of

these escapists from the struggle is why take the trouble. . . "let's eat, drink and be merry today for tomorrow we may die." And they are not far wrong.

rar wrong.

These "merry people" may be surprised to learn that their "tomorrow" will come sooner than they expected. Those between the ages of 45 and 50 carrying 25 pounds over their normal weight will have a 25 per cent increased mortality rate. They are more apt to become victims of hypertension, cancer, diabetes, arteriosclerosis, varicose veins, cirrhosis of the liver, nephritis and heart disease. Medical authorities agree that ideal weight standards for assuring a greater life expectancy are slightly overweight until age 30 (underweight in this age group tends to increase susceptibility to tuberculosis), average weight from 30 to 40 years, and underweight thereafter.

Besides the disease hazards of obesity there are more immediate incentives for reducing. The knowledge that one is not a figure of fun, that one can look attractive and that life can be lived more energetically, increases the individual's self-respect and enables him to make a happier adjustment to his environment.

Obesity is the result of an increased caloric intake over the body's caloric requirement. Factors contributing to this unhappy disproportion may be hereditary, environmental or physiological in origin. Let's examine briefly a few of the common reasons for fatness.

One excuse is, "I can't help it, everybody in [Continued on page 70]

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## DRUG DIGEST

#### AMPHETAMINE SULFATE N.N.R.

PROPRIETARY NAMES: Benzedrine (racemic form), Dexedrine (dextro form).

PHARMACOLOGY: Amphetamine (benzedrine) is a racemic mixture of laevo and dextro chemical forms. The dextro form alone, dexedrine, resembles benzedrine so closely that both drugs may be discussed together. Related chemically to ephedrine they are classified as sympathomimetics because their action mimics and augments that resulting from stimulation of the sympathetic nervous system. Because they delay emptying of the stomach and stimulate motor and intellectual activity with general improvement of mood, they are useful in controlling appetite and weight. Their use is contra-indicated in anxiety states, cardiovascular disease and sensitivity to ephedrine-like drugs. They are used cautiously in hypertension because of their tendency to increase blood pressure.

DOSAGE: Benzedrine dosage is 15 mg, to 30 mg, daily in three divided doses taken 30 to 60 minutes before meals. It is supplied in 5 mg, and 10 mg, tablets, 5 mg, capsules, and 2.5 mg, per cc. in elixir form. Dexedrine, supplied in 5 mg, tablets and in elixir, 5 mg, per 5 cc., has an average daily dosage of 15 to 20 mg, given in divided doses.

UNTOWARD ACTIONS: Restlessness, insomnia, headache, irritability, mouth dry ness, constipation, elevated blood pressure and tachycardia. Drugs may mask dange signs of fatigue so patient must be cautioned against over-doing. Prolonged dosage may result in addiction but this is mental not physical in character.

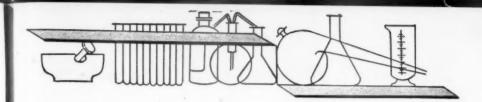
#### PROPADRINE HYDROCHLORIDE N.N.R.

PROPRIETARY NAMES: Mydriatin, Norephedrine, Altepose (contains propadrine 50 mg.; thyroid 40 mg.; vinbarbital 25 mg.)

PHARMACOLOGY: Propadrine, a synthetic sympathomimetic amide, differs from ephedrine in having a hydrogen atom instead of a methyl group attached to the NH of the chemical formula. Its action is similar to ephedrine especially when used to reduce capillary congestion of hay fever, colds and asthma, but it is less likely to produce anxiety effects. By stimulating the sympathetic nervous system it produces circulatory, gastro-intestinal and cerebral effects of dexedrine, benzedrine and methamphetamine but to a much lesser degree. Some medical authorities prefer it to these three because of its milder excitatory action. Altepose, a mixture of propadrine, thyroid and vinbarbital, increases energy output, retards water retention and subdues nervous tension.

**DOSAGE:** Propadrine is supplied in capsules of 24 mg. and 48 mg., and in an elixir, .13 Gm. per 30 cc. One tablet of altepose (containing 50 mg. of propadrine) may be prescribed two or three times a day from one-half to one hour before meals.

UNTOWARD ACTIONS: Although untoward effects are not so likely to appear, it is necessary to watch for restlessness, insomnia, elevated blood pressure, tachycardia, constipation and ephedrine sensitivity. If thyroid is given with it, as in altepose, one must also look out for untoward actions of thyroid. Drugs should always be prescribed by a physician.



#### THYROID U.S.P.

**PROPRIETARY NAMES:** Endothyrin, Proloid (both standardized according to U.S.P. thyroid equivalents).

PHARMACOLOGY: Dessicated thyroid is obtained from dried thyroid gland of domesticated animals that are used as food by human beings. It is the specific remedy for hypothyroidism resulting in crewinism in infants and myxedema in adults, and for simple hypothyroidism exhibiting only vague symptoms of lowered vitality. Obesity in myxedema is caused either by low caloric output associated with high caloric intake, or a disturbance of water metabolism resulting in pseudo-obesity due to water retention in subcutaneous tissues. Thyroid speeds energy output and retards water retention. Its use is generally contra-indicated in obese patients with a normal B.M.R. and definitely contra-indicated in those with cardiac disease, diabetes or an elevated B.M.R.

DOSAGE: Ranges from 0.06 Gm. to 0.6 Gm. daily depending on B.M.R. findings. Patient is usually started with a small dose to see how well he tolerates it. The nurse should always check the pulse rate for signs of tachycardia before giving another dose.

UNTOWARD ACTIONS: Thyroid should never be prescribed by anyone except a physician. The patient who is taking the drug should be carefully supervised and know the toxic symptoms resulting from over dosage which are those of hyperthyroidism: palpitation, tachycardia, nervousness, insomnia, hyperglycemia and dyspnea. Indiscriminate use often leads to cardiac damage.

#### METHAMPHETAMINE HYDROCHLORIDE N.N.R.

PROPRIETARY NAMES: Desoxyn, Methedrine, Pervitin Hydrochloride, Drinalfa, Desoxyfed, Despyhed Hydrochloride, Norodin.

PHARMACOLOGY: Methamphetamine differs from ephedrine chemically in having no oxygen, the OH in ephedrine being replaced by hydrogen. It is also a derivative of amphetamine (benzedrine) and used for the same general purposes as benzedrine. Its action is very similar for it stimulates cerebral and respiratory activity, and depresses gastro-intestinal motility. However, its vaso-constrictor activity is less. It has been used in psychiatric therapy in I.V. doses of 15 to 20 mg. to make patients reveal information; during spinal anesthesia to prevent vasomotor collapse; and in narcolepsy, mild depression and chronic alcoholism. It is contra-indicated in cardio-vascular disease, hypertension, anxiety states and ephedrine sensitivity.

DOSAGE: The average daily dosage for obesity ranges from 2.5 mg. to 10 mg. One tablet (2.5 mg.) is usually taken one hour before breakfast, one before lunch and perhaps one in mid-afternoon, if it doesn't result in insomnia. Of all the sympathomimetic drugs used for the treatment of obesity, methamphetamine produces the quickest action and the longest effects with the smallest dosage. Besides the tablet form it is also supplied in an elixir, 20 mg. per 30 cc.

UNTOWARD ACTIONS: Toxic effects are few if small dosage is given. Symptoms of backache, irritability, dizziness, constipation and insomnia have been noted in dosage over 10 mg.

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# IT TAKES A Heap O'Birthin'

Midwives have been in existence since the beginnings of history. You may read in the Bible about the midwives who disobeyed Pharaoh's command to kill the sons born of Hebrew women. The midwives feared God more than Pharaoh and allowed the men children to live. "Therefore God dealt well with the midwives: and the people multiplied, and waxed very mighty." Ex. 1:20.

The age-old practice of midwifery was created by necessity and will continue as long as there are rural areas without hospitals or an adequate number of physicians. In the state of Florida where there are so many isolated areas, some completely lacking medical service, the midwife program is of vital importance.

An example of the need for midwives is demonstrated by Escambia County in the western section of the state. Beyond the county seat there are no physicians for almost fifty miles. It would be extremely difficult or nearly impossible for some pregnant women to travel that distance to a hospital for delivery even if they had readily available transportation. Many of them could not pay the hospitals' and physicians' fees if they were able to leave their homes for any length of time. In these days when both nurses and housekeepers are hard to come by, rural mothers often want to stay at home and keep an eve on their family-directing activities from their bedsides. Many women are, therefore, forced to depend on a midwife to deliver them and give them nursing care during the post-partum period.

In 1932 the Florida State Board of Health, recognizing this need for midwives, initiated a system of licensing all women practicing midwifery. Because the majority of midwives in the state were the illiterate, superstitions "granny" type, sadly in

Representing the "ideal" in midwives is Mrs. Ethel Kirkland, nurseconsultant, Florida Board of Health. Y





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A Many Florida mothers are grateful for the services of this typical midwife, shown setting out on a call.

need of training and supervision, a midwife educational program was introduced at the same time.

This program is the joint responsibility of the Division of Public Health Nursing, the Bureau of Maternal and Child Health and the county health units. With the approval of the Bureau of Maternal and Child Health, the nursing division, of which Miss Ruth Mettinger is director, licenses all midwives yearly upon recommendation from the local health unit in the county where the midwife resides and practices.

Just a few years ago, there were

#### by Miriam Gibson

Press Secretary, Florida State Board of Health

many midwives who were illegally delivering babies. This was known as "bootlegging." Fortunately, the number of this dangerous group which did not want advice or supervision has diminished through enforcement of the licensing laws and more thorough public health teaching.

Last year there were 605 midwives in the state; 409 were licensed to practice and 22 honorably discharged because they had exceeded the age limit. More than 90 per cent of the midwives were Negroes. There are at present seven certified nursemidwives in Florida. These women are graduate professional nurses with public health training; they have received midwifery instruction from Lobenstein Clinic in New York City or from the Tuskegee Institute in Alabama.

In order to secure a license a midwife must be between the ages of 21 and 50, and must have completed the eighth grade. (There are still a large number of midwives in the state who exceed the age limit but they are being weeded out as rapidly as possible.) The midwife must have had 10 or more deliveries under the supervision of a physician who, in turn, must recommend her for a license. She is supposed to be able to read and write. Meeting these requirements, she must then pass a thorough physical examination before her application is forwarded to



the nursing division where her qualifications are considered.

If the midwife's application to practice should be rejected, Mrs. Ethel Kirkland, the state nurse-midwife consultant, is sent out to investigate the circumstances. If Mrs. Kirkland finds that the midwife is practicing in an area where no other medical facilities are available for the delivery of normal cases, she sometimes recommends that the midwife be licensed but that she be kept under close supervision.

Passage of the prenatal blood test law in Florida several years ago has helped the midwife program a great deal, for midwives must show on each birth certificate whether or not the mother has had a blood test. Many midwives make it a point to urge prospective mothers to have this done and seek care, if needed, well in advance of delivery time. If a midwife should deliver a patient who has not had a blood test, she may have her license revoked.

Midwives are supposed to deliver only patients who have been examined by a physician, either privately or at a clinic. If the physician requests that the patient return at regular intervals for further care, it is the midwife's obligation to see that the patient follows his orders. Also, the midwives are impressed with the importance of taking only normal cases and the necessity of reporting anything abnormal that should occur before, during and after delivery.

Most health departments in Florida conduct monthly midwife meetings where the midwives meet with the nurses for routine bag inspection, discussion of problems and instruction. These midwife meetings have a "dedicated flavor" for many midwives have a strong sense that they are doing God's work. Their sessions open with hymns, prayers, singing of the midwives' song, repeating their creed, all of which they take very seriously. Their favorite songs are the spirituals which are sung fervently with many variations. It is sometimes necessary for the nurses to interrupt the religious part of the meeting so that the main business can be discussed.

The nurses, according to the best precepts of public health teaching, don't talk down to their pupils or use "high-falutin" language. They

Well-planned educational program for midwives under the direct supervision of R.N.'s has paid off in better maternal care for rural mothers. Midwives bring in bags for monthly inspection, learn proper handwashing technique, and become familiar with the community supply closet. Both county nurses and nurse-midwives such as Mrs. Ethel Kirkland and Mrs. Susie Thompson (bottom right) cooperate in teaching and supervising accepted techniques.

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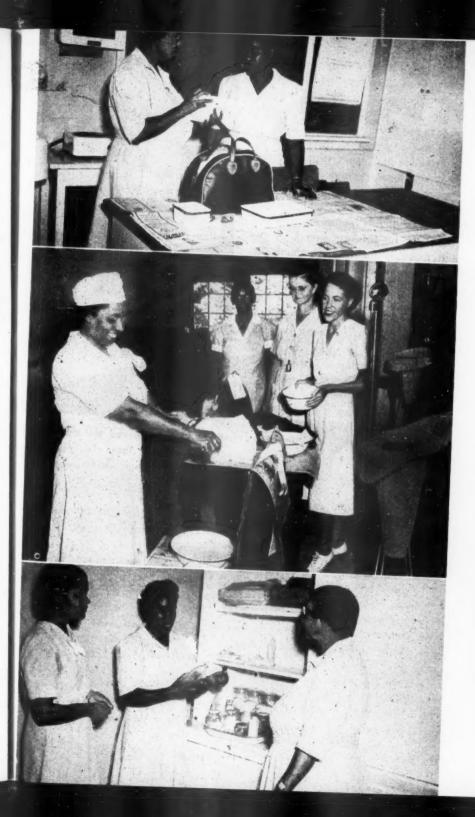
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get a more effective response to their instructions when they explain in simple words, using graphic and homely illustrations. They are taught to employ homemade equipment such as pads made of several thicknesses of newspapers and other supplies from clean and sterilized rags. The importance of aseptic technique during delivery is especially stressed but explanations of this technique may occasionally be misinterpreted. A recent monthly meeting divulged the humorous mistake of one well-meaning midwife who, when preparing to deliver a mother, opened her obstetrical pack, covered the patient with the sterile sheet, took out the surgical boots, a process which had been carefully explained to her, and then cautiously donned the boots herself and continued with the delivery.

The midwives are told why they should not teach their mothers such superstitious beliefs as: "Don't put your hands over your head, you will wrap the baby's cord around its neck." or "If you look at a monkey, your baby will be marked." Some of the older midwives still like to give their patients quinine-"just as much as a penknife blade will hold"-to stimulate labor. It is sometimes difficult to convince these older women that some of their favorite practices are wrong and dangerous.

At monthly bag inspections, the nurse finds out if the midwife is carrying all required articles or if she is carrying any items she should not have. The bag should be equipped with white soap, covered metal soap dish, hand brush, orangewood stick,



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A Trained midwives do more than deliver babies; they also teach the expectant mother what supplies she will need.

safety razor and new blades, blunt scissors, umbilical tape, five ampules of 1 per cent silver nitrate, baby scales, sterile package containing an apron, hand towel, cloth wipes and cloth cord dressings.

The meetings aren't without their comical incidents. At one session, Miss Mettinger was explaining how the midwives should sterilize the materials used during delivery. "Wrap the material neatly in a piece of cloth," she instructed the midwives, "then place the bundle and a potato

beside it in the oven. When the potato is done, you'll know the material is sterilized."

The midwives listened very intently, nodded their heads in understanding and departed.

At the next midwives' meeting, Miss Mettinger was approached by a midwife who wanted her obstetrical pack inspected. On opening the pack, Miss Mettinger found, to her consternation, in the middle of the "sterile" material a cooked potato which the midwife had wrapped and baked right along with the rest of her equipment.

At another meeting, a nurse consultant was trying to convince her midwife audience of the necessity of cleanliness and aseptic technique. Rattling a jar of beans with dramatic emphasis, she called upon her audience to "look at these beans that represent the mothers and babies in Florida who died last year and some of these beans are in here because some midwives were careless; they didn't wash their hands or properly boil their scissors before a delivery."

Came a lull in proceedings and an old midwife importantly came up to the nurse.

"Miss Supervisor," she whispered confidentially, "You see Sister Lucille sitting back there? Well, two of them beans is hers!"

In many homes the practice of midwifery [Continued on page 86]

\* Filling out birth certificates correctly and noting if mother has had a blood test are additional responsibilities of the modern midwife.



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1. 1949

## REVIEWING THE NEWS

- MBULANCE DOCTORS now ride again for seven of New York's 13 municipal hospitals, following the case of a young woman reported dead by an ambulance attendant and subsequently revived by a policeman sent to guard the "body." Greater N.Y. Hospital Association has approved this policy in principle, but holds that a shortage of medical students makes it impossible for most voluntary hospitals to adopt it at present, Meanwhile Dr. Edward M. Bernecker, then City Commissioner of Hospitals, ordered that all reports of deaths by ambulance attendants be checked by a physician.
- ► GOV. EARL WARREN'S proposal for a California compulsory health insurance plan is up before the state legislature for the third time. Defeated in '45 and '47, it is given little hope of success this year. Provision for prepaid medical care would probably come under the state unemployment insurance program with liberalization of the State Disability Benefits Act.
- ► PREVENTIVE MEDICINE the form of frequent physical exams (and early treatment, if required) is the basis of a program which is reported to have produced encouraging results for members of the Class of 1900, College of Physicians and Surgeons, Columbia University. The

program, begun in 1940, is administered by a Committee on Longevity. whose examinations of classmates have turned up, among other remedial conditions, a case of gallstones in a gallstone specialist and a hernia in a hernia specialist. Members of the class now average age 75.

- **▶** DEPLORABLE CONDITIONS reported in an Alaskan public health survey, made by an AMA-appointed medical team cooperating with the Interior Department, revealed: high rates of tuberculosis, alcoholism and eve diseases; inadequate hospital facilities (not a single psychiatric hospital in the Territory); lack of dental care; poor sanitation and public health control measures: substandard housing, education and hygiene among the natives; and insufficient doctors, nurses, dentists and medical technicians. The 81st Congress will be asked to enact needed reforms.
- ► NEW PSYCHIATRIC techniques are being demonstrated to the 1,200 nurses employed by the New York State Department of Mental Hygiene. Opening sessions in a series of regional workshops were held recently at mental institutions on Long Island and in up-state Rome. Last November the department was also planning to allocate funds to help establish special clinics for the study

of alcoholism at two Buffalo hospitals-the clinics to function under the auspices of the University of Buffalo School of Medicine. In New York City, the New York Psychiatric Advancement Committee, Inc., proposed (a) the establishment of psychiatric wards and mental hygiene clinics in all municipal hospitals; (b) clinics in all municipal health centers; and (c) better salaries for all city-employed psychiatric workers.

► TWELVE NEGRO DOCTORS were admitted to fellowship recently in the American College of Surgeons, whose alleged discriminatory policy led to wide controversy back in 1945. Since then, nearly forty Negro M.D.'s have been accepted.

► AMERICAN MEDICAL EDU-CATION is getting its third survey in 40 years, with the inauguration of a study sponsored by the Council on Medical Education and Hospitals of the AMA and the Association of American Medical Colleges. The survey, which will be directed by Dr. John E. Deitrick, will take three years and will evaluate the work of existing medical schools in meeting the health needs of the nation, and in promoting research and training physicians.

FORTY-EIGHTH ANNIVER-SARY of the Army Nurse Corps was celebrated on February 2, amid warm ovations from both the military and general public. The occasion also served as a reminder that 1,500 Army Nurses would be needed by June 30. The radio program of Kate Smith, an honorary lieutenant-colonel of the ANC, featured two nurses who were sworn into the Army via the air waves, while 48 other enrolees in radio stations throughout the country stood by to receive their oath of office at the same time.

[Continued on page 66]

George Weissman



march R.N. 1949

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The fourth in a series of exclusive pictorial reader-interviews on issues of interest to the nursing profession.

#### Question:

Do you believe that men should be encouraged to enter the nursing profession or do you share the opinion of some within and outside the profession that there is something incongruous about men performing nursing duties; therefore, the profession should be restricted to women?



Phot-O-pinion

Margaret C. Tibbetts, Director of School of Nursing and Nursing Service, McLean Hospital, Waverly, Massachusetts.

«In my opinion, the field of nursing is a fertile one for men and I am in favor of men entering it.

«Because of the increased need of nurses in veterans institutions in particular, the need of these men is felt very keenly, and the demand is greater than the present supply. Positions are offered to men in these facilities on the same level as women nurses.

«There is nothing whatever incongruous about men nurses. They are very valuable in psychiatric wards and they can take care of patients that women would prefer not to care for.

«I think the once existent negative attitude toward men nurses has already been changed. While they are still numerically outnumbered by women nurses, they have reached the point where they have attained representation on committees in the NLNE and ANA «Incidentally, the McLean Hospital School of Nursing is co-educational and both men and women students receive the same basic education. Upon graduation both are eligible to take State Board examinations to become a Registered Nurse.»



Patricia Veale, Staff Nurse, Muncie VNA, Muncie, Indiana.

«Male nurses should receive equal status with female nurses in the profession and more should be encouraged to enter the profession. There is a demand for male nurses and with greater public education their services could be more fully utilized in almost every phase of nursing. Men often perform nursing duties with more resourcefulness than female nurses and in my three years' experience working with them, I have found them efficient and pleasant co-workers.»



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Ann Fowler, Industrial Nurse, Seattle, Washington. «Male nurses have a definite and necessary place in the nursing profession. Their presence in greater number would improve specific duties of the nursing service for all nurses, the hospitals and the patients. Greater recognition will be evolved as educational standards improve and greater efforts are directed toward coordination of this service.»



(Mrs.) Frances Hunt McIntire, Private Duty, Louisville, Kentucky.

«I think men should be encouraged to enter the nursing profession and believe the more widespread use of male nurses would be advantageous, especially in caring for psychiatric and alcoholic cases. In such cases men nurses are definitely not out of place, but are needed. With a coordinated educational and public relations program, I believe in time the public would wholeheartedly accept the use of male nurses.»



Ethel M. Frey, Office Nurse, Topeka, Kansas.

«I approve of men entering the nursing profession and think they should be encouraged to do so. There is a place for men in the nursing profession, especially in industrial nursing. There is nothing out of place in men performing nursing duties and, furthermore, I believe the prevailing "raised eyebrow" attitude toward them could be changed by education.»

march R.N. 1949



	AVERAGE	MEDIAN	MODE
Weight	129	135	132
Height	5'31/2"	5'31/2"	5'4"
Bust	35"	36"	35"
Waist	25"	25"	25"
Hips	36"	37"	36"
Thighs	20"	20"	20"
Calf	13"	13"	13"
Legs	33"	33"	33"

# THE NURSE and her Silhouette

E fig leaf, the human race has been interested in fashion. That fashion is as old as time was proved some years ago when a crude picture inscription was found on a rock wall of a cave in southern Spain. It depicted a hairy cave man delivering a leopard to his lady fair. Since leopards are poor eating even for cave men, one may safely assume that the gift was intended for a fur coat.

Fashion did not begin to develop into an organized business until the fourteenth century. It was then that weavers, drapers, furriers and dresscutters and makers began to prosper. Evidence of progressiveness in mat-

#### by Chet L. Swital\*

ters of dress is noticeable in their knowledge of what enhanced feminine charms. Garments followed the line of natural shape and beauty.

It was a Frenchwoman who discovered that a small waist was attractive and that she could create a new silhouette by compressing her waist through tight lacing. This was the beginning of fashion trends. Styles underwent constant changes with the fashion of many historical periods reminding us of the changing vogues of today.

<sup>\*</sup> Chet L. Swital Affiliates, Public Relations in Art and Commerce, Los Angeles, Calif.

Modern dress has become more and more independent of location, climate, season and occupation. Stylists, working under the mandates of couturiers, ignore these factors and demand that the female shape should suit itself to their designs. Thereby hangs a tale of feminine discomfort in dress.

At the request of a manufacturer of reducing machines, the writer began a complete study of American women's under and outer dress. The main purpose of this project was to find out how the present day American woman compared anthropometrically with her mother and grandmother. Once we began our architectural measurements of the female form, it was decided that if the study was to be of any use, it would have to be a complete survey of her figure as well as her dress needs.

Nurses' uniforms and work frocks have undergone numerous changes since the days of Florence Nightingale, with many improvements still to come. All eminent figure control authorities agree that the types of under and outer garments a nurse may wear will have much to do with on-the-job fatigue, nervousness and loss of interest in her work.

In this study it was found that nurses want their uniforms to have plenty of shoulder room, a trim waist line, a collar that lies flat against the neckline, and fullness in the back of the skirt. They prefer a hemline three to four inches below the knee. Two breast pockets and two large utility pockets below the waist, placed slightly lower than they are now

styled, are high on the uniform's "must" list.

Two-piece uniforms are gaining in popularity with nurses who find their tailored lines attractive. Too, laundry costs are cut approximately one-third, since the jackets are less apt to become as easily soiled as the skirts.

Nurses were generally agreed that uniforms in light pastel shades were suitable for wear in clinics, sanitariums and convalescent wards. Their reason: such hues are cheerful and help to enhearten the patient. The white uniform received an undissenting vote as the garment to wear in the operating room and the emergency ward.

Striped or seersucker materials were poor vote getters, with crepes still lower on the list. The greater percentage of nurses showed a preference for uniforms that possess a linenized appearance without being stiff with starch. They voiced a definite choice for shirtmakers that open down the front, coat-fashion. Either buttons or zippers are acceptable.

At the beginning of this article appear the measurements of the American nurse. These measurements were taken from the records of the nurses in the Armed Forces and from the samplings of hospital nurses in seven of the major marketing areas in the U.S. The survey was a true cross-section sampling with not less than 300 nurses studied in any one area and with an equal study made in the nearest rural section for balance and comparison.

The average means that the figures

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were gathered from the over-all picture and then averaged-all nurses included. The median figures are reached by dividing the groups in every measurement exactly in half so that the planning of the chart will show a half-way mark from which sizes go both up and down. Mode is the measurement that shows up most frequently. For example, when we say the mode weight for a nurse is 132 pounds, we mean that more nurses weigh 132 pounds than any other weight. The classification "Legs" means the length of the legs from the thigh bone to the floor.

It was interesting as we made the study to compare these measurements with women in other occupations; for example, the teacher and the movie actress.

	Weight	Height	Bust	Waist	Hips
Teacher					
Average	133	5'41%"	36	27	37
Mode	130	5'5"	36	25	36
Median	129	5'5"	36	25	37
Actress					
Average	116	5'4"	36	25	36
Mode	110	5'5"	34	23	36
Median	115	5'5"	35	24	36
The avera	age movi	e actres	s has	longer	legs
than her	sisters-o	ne and	one-	half i	nches
longer than	women i	n any of	ther c	lassifica	ation.

Analysis showed that girth measurements of the female body have little relation to height measurements. As an example, bust measure, which is often used as a basis for sizing women's under and outer garments, cannot be used to predict height measurements. Women 5 ft. 9 in. tall have no larger busts, on the average, than women only 5 ft. tall. The most significant material came to light on hip measurements. Although no noticeable change in hip girth measurements was tabulated be-

tween farm born nurses and city bred nurses, there was an anatomical difference. Nurses born and raised on farms were endowed for the most part with steatopygous posteriors while their city cousins had hip spread. However, this is true in all cases where the city woman is compared with the farm lass.

Comparisons for regional differences in female figures revealed that the means of weight do not vary with any degree of statistical importance while the means of stature do. Nurses from New England and the Middle Atlantic states were the shortest; nurses from the extreme Northwest and Southwest were the tallest. Nurses in the Armed Forces hit a happy medium mark. Other woman officers were the tallest and heaviest of all female groups in service; the enlisted personnel were the shortest.

The only other significant regional difference was in foot size. Nurses from the southern climes have the largest feet. This was attributed to the fact that these women spend more time barefooted at the beach and around the house. By comparison, women in the temperate areas spend little time barefooted.

College educated nurses were taller than nurses with secondary schooling. Older nurses were shorter and heavier than the younger ones. Differences in environment and different living conditions 20, 40 and 60 years ago are reflected in body measurements. Girth measurements will vary between single and married nurses of the same stature with the difference, not [Continued on page 64]



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# PATIENTS, Psychology and You

What would we think of a prescribed dose of medicine? Shocked by her carelessness, we'd probably exclaim, "Why, she's failing to do her duty!" And yet there are many of us who may be doing just half a job where the patient's recovery is concerned.

We may give the correct treatment and care to our patients but too often we fail to understand their mental attitudes. This understanding is essential, for fears and worries are frequently magnified out of true perspective during illness and if not removed or lessened become real obstacles in the path of recovery.

The mental outlook of the patient usually differs from that of a normal healthy person. It is difficult for a workman with a broken leg to hold himself aloof from his bodily discomfort, his fear of mounting bills, and the problem of providing for a large family. To expect cheerfulness and optimism from such a patient shows thoughtlessness and insensitivity on the part of the nurse.

Different personalities react in different ways to illness. We as nurses should respect these differences and be prepared to treat each patient according to his own mental and physical needs.

We have, at one time or another, come in contact with the "sympathyseeker." This type of patient is all too likely to be exposed to contempt. Perhaps he feels such a great need for affection that he is willing to feign discomfort and pain in order to gain attention. In this case, we must be able to offer a kindly, genuine interest without too much sympathy. If we can convince the patient of our sincerity, we will be more able to reason with him. If, however, the patient senses an unspoken resentment or antagonism, there may be further displays of attention-getting artifices.

The "impatient" patient, on the other hand, is just the opposite type of person. He won't admit that he is ill and attempts to reject aid even when he needs it. Actually, he is like a child whistling in the dark. He thinks that if he whistles loud enough he will dispel his fear of the unknown. We may discover how to allay this fear if we approach him with a good-humored, friendly manner. Once the unknown is explained to him he will prove to be a more cooperative patient.

Occasionally we find ourselves caring for the "excessively demanding"

by Joanna Long, R.N.

patient. This is always a difficult situation in these days of nursing shortages and requires all of our patience and tact to maintain an agreeable relationship. We are making a grave error if we adopt a belligerent attitude; this leads to nothing but unpleasantness. Firmly, but good-naturedly, we must let him know that in matters concerning his treatment and care, he is not in authority.

However, we must be aware of the difference in pain-levels in patients. We have frequently heard a nurse speak in an unfeeling manner, "She's an awful baby; she keeps ringing for a pill and all she has is a small abscess on her arm." It has been definitely shown in scientific experiments that some patients are more sensitive to pain than others. We must be prepared to ease these varying degrees

of pain and not look upon them with ridicule.

Many of us fail to realize the importance of encouragement. Some patients respond to a few wellchosen words of encouragement as they might to medicine or other treatment; they play a vital part in the recovery process. It is well to remember that one should always use the positive approach rather than the negative. If we say to a patient, "Don't you feel well this morning?" we are suggesting that he doesn't, and his response will probably be negative also. If, however, we tell him that he looks better, or that his eves are brighter this morning, the chances are that his face will light up and he'll say, "Do you really think so?" and he will feel that he is making progress. [Continued on page 78]

#### Probie



"We have a late permission."

# An analogue of medicine you may never have thought of

As every doctor knows, medicine is the art of ministering to the sick and keeping the well in good health.

But it is the professional societies throughout the land who most often give reality to this definition.

For through them medical research and advances come into clinical channels. In these channels this newer knowledge becomes effective on patients.

There is an analogous situation in the food-processing industries, especially the canning industry.

For, as you know, canning is simply the process of heating foods to destroy spoilage organisms and of putting them in airtight containers to preserve them.

But this is merely a definition of canning.

To give it reality and meaning throughout the land there is a "society," if you like, which performs a function similar to that of the professional societies.

This "society" is called the "Processing Committee of the National Canners Association."

This committee is the channel through which every bit of research and advance in food processing is brought to the attention of the individual food packer.

What is the result? Canned foods today have a quality, nutritive value, and freedom from pathogenic organisms of the highest order.

Here is a reality worthy of your highest confidence.

American Can Company (ANCO)

New York · Chicago · San Francisco



The Seal of Acceptance denotes that the statements pertaining to nutrition in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

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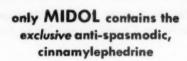
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#### MIDOL

The time-tested, analgesicanti-spasmodic for

SYMPTOMATIC DYSMENORRHEA



Effective analgesic and anti-spasmodic medication with mild stimulation forms an essential part of the successful symptomatic management of dysmenorrhea.

The time-tested Midol formula provides in convenient tablet form an effective analgesic, a mild stimulant and the exclusive anti-spasmodic, cinnamylephedrine, which relaxes uterine spasm without undesirable pressor effects.



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#### Five Star Experiment

[Continued from page 34]

victims is supervised bed rest and freedom from respiratory infection. He says, "We find we can arrange for this, especially the latter, best at home."

Here again, the many services of the hospital are extended to the child at home. He receives the attention of the visiting nurse, the social worker, a dietitian, and a specialist in rheumatic fever.

At the present time, plans are to care for about twenty to thirty children in this way. The program is limited to children whose families cannot afford to pay for private care. They must also live in the Bronx or in Upper Manhattan above 96th Street.

What is the saving to a hospital in caring for its chronically ill patients in this way? Montefiore's spokesmen say that hospital bed care costs approximately \$12-\$13 per patient per day. The cost of caring for a patient in his own home is well under \$3 per day. Included in this figure are the services of the visiting nurse (this

arrangement is on a contractual basis); of a part-time housekeeper where necessary; and of its hospital staff.

That such a program is a remedy to a hospital's economic ills is readily apparent. Dr. Bluestone believes "We have oversold the hospital to the people to the point where we are unable to shoulder the financial consequences. The road back is fortunately easy and inexpensive where the home environment is favorable or can be made so for the patient."

During the first year (January 1, 1947 to January 1, 1948), 121 patients were provided with 11,146 days of care by the Home Care Department. In that same period 2.007 medical calls were made. The visiting nurses made 1,150 visits and provided 931 hours and 10 minutes of nursing care. Social service workers made 381 visits to patients at home, had 688 interviews with patients in the wards and 558 interviews with the patients' families. Physical therapists made 90 visits; 1,921 hours and 30 minutes of housekeeping help were provided. Including all these services, plus medication, equip-

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Prompt attention to graduating classes.

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No. 931 Combed sanforized Bates Poplin. Long sleeves as shown. (Also No. 1931—same uniform in Bates Poplin with regulation short sleeves.) Either style \$8.95. Complete BARCO line in stock—send for new Spring-catalog.

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"Best in the West"

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ment, laboratory services and transportation, the total expenditures of the Home Care Department at Montefiore Hospital were \$24,804.05. The same number of days of care in a hospital at \$12 a day would have amounted to \$133,752 and there would have been a longer waiting list of patients requiring active hospitalization.\*

Financially, the home care program is a success. However, this was only one aim of the plan. How successful has it been from the patient's point of view? How satisfactory has it been from his family's point of view? How do the personnel of the Department like it? What is the reaction of the visiting nurses who have added these patients to an already full schedule?

To find the answer to the first of these questions one need only study the reports of patients' comments and attitudes after being sent home. As has been mentioned before, home care does not mean sudden, complete recovery. Remember, most of these patients are chronically ill, usually with diseases for which medical science has not yet found the cure. They do not expect recovery, but they can look forward to improvement or to partial or temporary relief of their discomfort. In their homes, in familiar surroundings, with friendly faces near them, they have

<sup>\*</sup>These figures are based on the first annual report of the Department of Home Care and cover only the period between January 1, 1947 and January 1, 1948. When Dr. Cherkasky spoke before the Public Health Nursing Section at the American Public Health Association meeting in Boston last November, he reported that during the first 20 months of the program. 23,000 days of patient care were provided.

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He doesn't need another's help"

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an incentive to help themselves and a will to improve. There have been cases of people who have learned to care for their personal needs, do part of their house work, study a hobby or trade, and re-use a fomerly uscless arm, leg or hand. There are at least two recorded cases of patients who were unable to walk while in the hospital, but who learned how under the helpful guidance of a physical therapist in their own homes.

What is the magic that effects this change which the hospital cannot provide? Dr. Bluestone calls it individualization. Dr. Cherkasky calls it "tender, loving care." Others call it security. Patients call it help through a heart rather than a machine. Whatever it is, in most cases it is the right medicine.

The natural environment, the situation in which humans like to live and breathe, even when sick, is their home, be it a penthouse or a cold water flat. How often is the nurse aware of the super-sensitivity. the unsociableness, and even hatred that is aroused in patients when they must spend month after month in the same ward looking at the same faces: where an open or closed window can be capable of sparking a smouldering feud between bed-bound patients. The director of the Montefiore Hospital put it aptly when he said: "You never saw nostalgia associated with the memories of a hospital bed."

The patient's family too must be considered in the evaluation of this experience. Here again, the majority of families have been overjoyed to

# The Iron Age of Babies



In the second month of a baby's life, as you know, the supply of iron he is born with starts running low.

Many doctors fill this need for more iron in the diet by recommending Clapp's Cereals after the 6-week checkup.

They specify Clapp's Cereals because:

#### Clapp's has more iron



Clapp's Baby Cereals contain 3 times as much iron as unfortified cereals. They also contain 2½ times as much Vitamin B<sub>1</sub>, plus nonfat milk solids, wheat germ, and brewers' yeast.

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Clapp's finer texture makes Clapp's Cereals easier to digest—and ideal for bottle and spoon feeding. Clapp's Baby Cereals dissolve almost immediately when mixed with warm milk or formula. And babies really like the taste of Clapp's. These are the reasons many doctors give when they recommend Clapp's Baby Cereals.

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have the patient at home, willing to make sacrifices to keep him there, and able to perform the tasks necessary to keep him comfortable and happy. Where this has not been the case, the patient may have been returned to the hospital, but wherever possible, a program of education was carried on by the visiting nurse, the social worker and other members of the organization to give the family a chance to try once again.

The personnel of the Home Care Department have found their work no more involved than if it were performed completely in the hospital. Naturally, there were difficulties to be overcome at the beginning of the program; however, satisfactory solutions have been worked out and with each passing month experience has brought a more efficient, smoothly-run organization.

Since much of the success of the home care program depends upon the nursing service provided, it is important to know how the Visiting Nurse Service of New York has been able to cope with this additional burden in these days of nurse shortages. According to Miss Mabel Johnson,

supervisor of the New York VNS. absorption of the home care transfer programs has not been difficult. It has been found economical here as in other types of programs to use the services of existing community agencies rather than establishing a staff for a specialty. In other words, the visiting nurses who care for the home care patients are not a special group, but are the same who provide all types of nursing service in any one geographical area, thus cutting travel time to a minimum. Experience in the home care program has taught the visiting nurses that approximately 48-58 minutes is used for each home nursing visit, excluding travel time.

Nursing care is provided for home care patients on the same basis as it is provided for all other patients; that is, according to need and in conformity with the medical orders and the policies of the VNSNY. Good bedside nursing care is stressed in every contact. Frequently this means teaching the family to assume considerable responsibility for the patient's care.

Miss Johnson believes "It is impor-

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Because home remedies are used generally, we believe the manufacturer has a dual responsibility. He must offer only such products which may safely be used in the average household and must inform the medical profession of the products' ingredients and action.

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Antiphlogistine Rub A-535 has been thoroughly tested both clinically and in over 6,000 homes.

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The above advertisement is currently appearing in the New York State Journal of Medicine and other medical publications. tant that the nurse who is responsible for this type of service have a compassion for patients with long term illness. She must have a hopeful outlook and be able to help others to face the many burdens concomitant to long term planning for the care of the chronically ill. In this particular type of service she must have a clear understanding of herself and her contribution in relation to a team of professional workers . . . Frequent conferences for evaluation of individual cases and sharing of information regarding a patient, have created a greater mutual respect among members of the various professions. Their value cannot be over-emphasized."

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Speaking for the group as well as for the individual visiting nurse, Miss Johnson added:

"From the viewpoint of our organization, one of the most valuable experiences has been the opportunity to share in the making of the original policies for the home care transfer programs. It is of utmost importance that agencies providing nursing care for any program have a voice in the formation of policies under which they will be expected to operate, even on a part-time basis.

"As public health nurses, we have been in home care programs for a long time and we believe that the home care transfer program is making it possible for us to do an even better job."

Here then is the picture of an experiment in medical service and nursing care on an extensive scale. What has been done at Montefiore can be done in many places. The task is not easy. Teamwork is essential: family, patient and hospital have to make the plan click. Nurses have a stake in this program for work of this type requires not only skilled nursing care but an interest in a patient's whole being, his mental and physical growth, his place in the family relationship, and his place in the whole realm of medical care.

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Is the plan a good one, only because it saves money and releases hospital beds for patients acutely ill? The facts presented here prove otherwise and we can turn again to Dr. Cherkasky's words for confirmation.

"If there were a million empty hospital beds," he declared, "a patient who is suitable for home care would still do much better in his home than he could possibly do in a hospital. Where the special facilities of the hospital are no longer needed, then the rigidity and chilliness of a hospital can be profitably exchanged for the flexibility and warmth of the home . . .

"The real significance of the program lies in our developing a broader understanding of human beings. We have reached great heights in our scientific medicine. It is now long overdue for us to achieve the same understanding about the social factors which influence disease. Only by observing people in the family, in sickness and in health, will we be able to fully utilize all the techniques which are available, to provide people not only with weapons against disease but with weapons for health."

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<sup>[</sup>Part of the material for this article was supplied by Sigmund Neuman who has worked at the Montefiore Hospital.—THE EDITORS]



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#### The Nurse's Silhouette

[Continued from page 50]

too surprisingly, usually coming in the direction of their bust and hip girth.

Eighty per cent of the nurses have hips measuring less than 38 inches; the remaining 20 per cent measure more than 38 inches in girth. Nurses who took active participation in sports tend to have longer legs than those who sat on the side lines, again demonstrating the power of environment, mode of living and activity on the anatomy.

Whatever the causes of anatomical differences, it seems certain that women will go on seeking means to make their figures more attractive and that style in clothes, whether they be fig leaf, bustle, lounging pajamas or uniform, will continue to be a sure means of arousing feminine fervor. The subject of woman and her dress seems to run along forever and ever with no diminution of controversy about what is fashion.

\*R.N. readers will find such differences of opinion, if they compare results of this survey with material gathered by R.N.'s reporter who covered the subject in "Nurses' Uniforms in the Spotlight" [R.N., Aug.] "Most staff nurses eye it (the two-piece suit-type uniform) with misgivings. They feel they would be sacrificing their professional dignity and distinctiveness to adopt these 'radical' styles . . . They are very much afraid that should they trade in their white for colors they would be indistinguishable from any other group of uniformed female workers, such as beauty operators and laboratory technicians, and they are far too jealous of their 'professional dignity' to risk that."

Science recognizes seven ways a person can age—chronologically, anatomically, physiologically, psychologically, pathologically, statistically and hereditarily.

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#### News

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► PROPOSED N.Y. LEGISLATION is again generating discussion and heat among both New York State and out-of-state nurses. The NYSNA is fighting a bill, sponsored by the State Hospital Association and the Greater New York Hospital Association, to postpone the Nurse Practice Act that becomes effective April 1949. Although the hospital associations supported the Act last year, they now want incorporated hospitals exempt from employing auxiliary workers for unlimited nursing service, provided such workers do not hold themselves out as persons licensed to practice nursing for hire, and the postponement of the law for one year. In the light of this attitude, the NYSNA views the new mandatory bills for licensing manicurists incredulously. It seems that "one should be licensed to cut finger nails but not to nurse the sick!" (Fie on the hospital associations! If it's cheap labor they want; cheap can be dear in the long run!)

A more amenable amendment to

the Nurse Practice Act is asked by the NYSNA in behalf of the New York State Dental Society; it provides that a nurse may carry out treatment and medication as prescribed by a licensed dentist as well as by a licensed physician.

Again the Registered Nurses Guild No. 312, AFL, will sponsor a bill to change the title "practical nurse" to "certified attendant"; the title "nurse" would pertain only to a registered professional nurse. Passage of this bill seems as doubtful now as it was in the last legislature.

The Pankin Bill, calling for state subsidy of student nurses, introduced last vear under CIO sponsorship and lost in the shuffle of the Ways and Means Committee, is again up for consideration. This bill would provide nursing students, who have two vears' residence in the state and who attend a nursing school registered with the Education Department, \$50 a month during first and second years of training and \$75 a month the third year. Also repeat performance of 1948 is the Clancy Bill, that would restrict institutional employment of general duty nurses to five days or



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- \* Full range of sizes
- \* Dries in 30 minutes
- Styles No. 100 and 101 in 12 to 20
- \* No pressing necessary # Impeccably tailored
- Styles No. 102 and 103 in 12 to 44

103

\* Removable buttons

\* Flawless stitching

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40 hours a week and eight hours a day, and private duty nurses to an eight-hour day. The NYSNA, as last year, believes that this should not become mandatory.

- ► ABOUT PEOPLE: Ruth Addams. formerly VA community nursing specialist, will serve as deputy director of the VA Nursing Service in the absence of Matilda E. Dukstra. who is on leave attending Teachers College, Columbia University . . . When Sister Mary Ambrose, R.N., of the Order of Marist Missionaries begins nursing the lepers of Spanish Town, British West Indies, it will be one more step in her varied career. Formerly a physical education instructor at Calgary, Alberta, a Dominion sports champion and Olympic swimming and diving star, Marie Sharkey, as she was then known, met two Marist missionaries while enroute to the British Olympic games in Australia. Their influence led her to enter the Order in 1940, and complete her nursing course at St. John's Hospital, Lowell, Mass. in 1947 . . . Marie Swanson, R.N., has recently become assistant director of the NOPHN. She holds a master's degree from Columbia, and has taught health services at several teachers colleges.
- ► OSTEOPATHS RECOGNIZED as eligible by USPHS to take competitive examinations for medical commissions along with graduates of schools conferring M.D. degrees if graduated from one of the six approved schools of osteopathic medical process.

icme. However, the Army and Navy still ask for a medical degree as the first requisite for an appointment.

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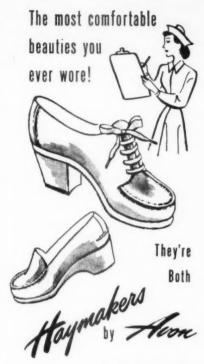
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► NEWSLINGS: Departing from a 40-year policy, American Red Cross will use non-nurse instructors to teach its basic home nursing course . . . First National Conference and Exposition on Cerebral Palsy was held in New York City last month . . . U.S. Civil Service Commission announces written examinations for positions of Staff Nurse and Head Nurse in the states and territories. Also qualified public health nurses with one year's public health experience may apply for competitive examination for position of Public Health Nurse which does not require a written test. Applications must be received in Commission's Washington office not later than March 29 . . . Institute of Life Insurance reports college graduates owning more life insurance than those with elementary and secondary education . . . Yale University School of Nursing celebrated its 25th anniversary in February . . . VA in an economy drive has centered its activities in Washington by changing its Branch Offices to District Offices equipped to handle only insurance and death claims.

► A DENTAL HEALTH conference, meeting in New York recently, recommended, among other things, that corrective treatment for malocclusion be made more widely available to children, and that all cases of cleft palate and harelip be reported to health authorities at birth.



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Crafted without a single seam, bulge or ridge on the sole! Not a single nail anywhere! No stiff toe-boxes to cramp your toes! No counters to blister your feet! And such mellow, such soft, such supple calf! Your feet will love your Haymakers... and you'll adore their beauty. White Elk. Also in red, black and brown. \$12.95 Also your favorite store, or mail us this order:

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#### Girth Control

[Continued from page 35]

my family has always been fat." This placid state of acceptance isn't necessary or commendable but there may be a glimmer of truth in the assertion. Since control of appetite is probably centered in the hypothalamus of the brain, it may be possible that tendencies toward fatness or leanness depend on the kind of hypothalamus one inherits. A person with a hereditary, voracious appetite will, therefore, have to work all the harder to maintain normal weight.

Although hunger is always inherent and instinctive, appetite, for the most part, is conditioned by environment. If a mother is a good cook and prides herself on her cakes, pies, sauces and gravies, she will establish eating habits in her family that will not die easily. Plain nutritious food will seem a sorry second to obese people accustomed to cream puffs.

That psychogenic factors influence appetite is recognized, but why in some cases they lead to obesity and in other cases to malnutrition, has not yet been determined. Frequently children or adults lacking security or happiness will seek enjoyment or relief from their problems in food. One 13-year-old girl, long accustomed to being the center of attention, became lost and unhappy when her mother, a widow, married a man with three children. Not receiving the usual amount of affection from a busy mother with new interests, she sought consolation in food and the obesity caused by over-indulgence increased her maladjustment.

A person with few outside interests will eat to ease her boredom. She is usually the one who says, "Why, all I ever have for breakfast is a cup of coffee and toast," omitting to mention the cream and sugar in the coffee and the large "snack" that is taken in the middle of the morning. We are familiar with the stock comic character of the fat dowager in an oversized bed, reading a novel with a box of chocolates and a pudgy Pekinese beside her. Her only caloric output occurs when she reaches for another chocolate.

Glandular disturbances have been blamed unduly for producing obesity. There are few glandular conditions

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Pure nylon plastic. All your syringes and needles can now be sterilized right in these new carrying cases. No rubber to wear out, no gaskets to

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Order from your Surgical Supply Dealer or write to:

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# what Dorothy

Mack <sub>R.N.</sub> says

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air-wick

Miss Dorothy Mack of 145 Smit!. St., Elizabeth, N. J. says: "If every nurse knew as much about air-wick\* as I do, she would never go on a job without that magic little bottle. Because air-wick kills sick room odors, it is indispensable to the comfort of the patient, nurse and visitors."

An amazing scientific discovery, air-wick contains more than 125 compounds as found in nature, as well as chlorophyll. Nothing to burn; nothing to spray. Simply uncap the bottle and pull up the wick.

\*air-wick deodorizer and household freshener is fully protected by U. S. Patent...a trademark of Seeman Brothers, Inc., New York 13, N. Y.





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Here's more uniform value for less!

You can only buy Glenwade Uniforms one way...by mail, direct from the factory! There are no retail profits, and this means extra savings, extra value, extra quality for you!

For example . . . this Glenwade model is made of BURTON'S 2-ply poplin!

Smart . . . attractive . . . with a subtle touch of glamour deftly woven into the design. It has diagonal tucks across waist and tucked set-in belt; detachable pearl buttons, and concealed grippers on full opening seven gored skirt. Made of ordinary poplin and sold at retail, it would still cost you more than our price of \$6.98! Sizes: 12 to 20, also 11-13-15.

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in which obesity is the outstanding symptom. Cushing's syndrome due to hyperfunction of the adrenal cortex will usually show weight increases. Fat is also associated with islet cell tumors of the pancreas and is due to increasing food intake to relieve symptoms of hypoglycemia. Lipodystrophy is a rare non-endocrine disease marked by unequal fat distribution. Obesity is found occasionally in hypothyroidism, pituitary and gonadal disorders. In all these cases, specific medical and dietetic treatment is indicated.

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There are many panaceas offered to the American fat public who naturally looks for the easiest way to do things. It requires the vigilance of the Pure Food and Drug Administration, the Federal Trade Commission, the Post Office Department and the JAMA Council on Pharmacy and Chemistry to detect false advertising claims made by irresponsible drug firms. One of the least attractive of the drugs claiming to cure obesity was a solution containing tapeworm eggs. A few years ago, Clark and Clark, a drug concern, manufactured tablets containing the potent mixture of amphetamine, atropine, aloin and thyroid, and advertised this combination, Clarkotabs, to the medical profession through the mail and in a pharmaceutical journal. The JAMA Council warned doctors of the dangers of prescribing a "shot-gun mixture" like this. If one or all of these drug ingredients are indicated, the choice and correct dosage of each should be determined by the patient's individual needs. The company was prosecuted by the Post Office Department and later sued by a leading pharmaceutical firm for using its patented drug, amphetamine. The mixture is still available to doctors though amphetamine has been changed to desoxyephedrine, a drug producing the same general effects.

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Unfortunately. advertising suggest or imply without breaking the letter of the law. Obesity "cures" now on the market have psychological appeal by playing up the "before and after" angle, the figures of glamorous Hollywood stars, etc. Drugs in this class containing vitamins, amino acids, digestives and other harmless substances, are Kyron, Ayds, Meltoway and RDX. A booklet is usually included describing a low calorie diet, but emphasis is always placed on the treatment value of the pills rather than on that of the diet. The JAMA Council has this to say of them, "Although advertised as wonderful in the reduction of excess body weight, they are merely adjuncts to highly restricted diets . . . they are in the nature of placebos." Vitamins and minerals are sometimes needed to supplement a low calorie diet but may be obtained in more acceptable and economical form. The Post Office Department has already issued fraud orders against similar remedies-V-Tabs, the A.B.C. Plan and the Formula 17 Plan. It is up to the appropriate agencies to adopt more stringent control for the protection of the public's pocketbook. Nurses also have a responsibility in advising their patients and friends against STERILIZED SWABS ARE SAFE

2.
DOUBLETIPPED
SWABS
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Q-TIPS
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<sup>\*</sup>JAMA, Sept. 4, 1948. p. 91.

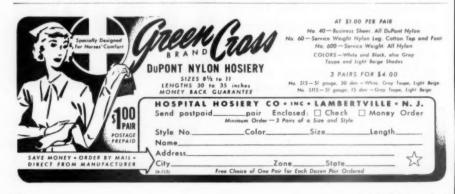
such an unscientific usage of drugs.

More well-known remedies are sometimes efficacious but cannot compete with diet therapy. Exercise increases caloric output but also creates a rousing appetite; it should be taken cautiously by extremely obese people to avoid further strain on the heart. Hot packs, heat chambers and diuretics reduce only temporarily by decreasing water content of tissues. Massage doesn't remove weight but it does improve circulation and keeps the tissues in healthy, firm condition. It's a fine idea if you have the money for it. Laxatives and colonic irrigations reduce absorption but lead to habituation and intestinal irritation.

The only effective attack on obesity is made by diet. The caloric intake must be lowered to such a degree that the body will be forced to draw upon excess adipose tissue for its fuel requirements. The diet should be furnished by a physician who has checked on the patient's condition and given due consideration to the individual's energy output and economic and racial status. (Only contra-indications to diet therapy are

tuberculosis and peptic ulcers). In adults with moderate activity, the normal diet varies from 2,000 to 3,000 calories daily. In most reducing diets these calories can be cut three-fourths to one-fourth, resulting in a one and one-half to two pounds loss per week. The fat intake is reduced to the minimum and eaten in the form of butter, liver and egg volks for their vitamin A and D content. Carbohydrate is also restricted; it is supplied chiefly in vegetables and fruit. Protein, however, should be within normal limits because it is required for body tissue repair. Lean meat, skim milk, fish, cheese and eggs are good sources of protein. If there is water retention in tissues, fluid and salt intake may be restricted. Because mineral and vitamin requirements may not be met it is advisable to add these to the diet.

The obese patient, who follows a weight reduction program, needs more than a printed diet list. He needs frequent pep talks, close supervision and, above all, an earnest desire to get thin. He will receive plenty of discouragement from his friends who will insist that he looks



# How to SHARPEN HYPODERMIC NEEDLES

REGULAR POINT

1



Fish hook points tear tissue and are painful

2



Removing inward fish hook on Regular Point

3



Removing outward fish hook on Regular Point



Note double angle used for grinding side bevels for both Regular and Huber Points HUBER POINT

1



Removing inward fish hook on Huber Point

2



Removing outward fish hook on Huber Point

3



Wrong way to grind side bevels

4



Finished point ready for use again

Free Needle Sharpening Chart, available upon request. Ask for B-D Chart No. 34C.

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If you've ever had to attend a baby who has fallen from a high chair, you can appreciate the safety of this low, balanced chair. Patented swing-action seat, adjustable back and foot-

LOW SAFETY CHAIR

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NEW FOLDER on baby safety and care, available for pediatricians and pre-natal classes. (Ask also about new special Babee-Tenda model for children with cerebral palsy.)

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Name\_\_\_\_\_\_

City, Zone & State\_\_\_\_ In Canada: 686 Bathurst St., Toronto. Ont. terrible and that he should get more to eat. His doctor can assure him the results will be worth the struggle.

In recent years drugs have been given to check appetite and aid the fat person in following his diet. Some authoritiés have decried their use saving that they take the emphasis from diet, but nonetheless, they are becoming more and more popular. Of the four drugs described in Drug Digest this month, three are sympathomimetics which reduce appetite by increasing motor and intellectual activity and depressing gastro-intestinal motility. By improving the person's mood they also tend to eliminate compulsive eating habits caused by mental disturbances. Mild sedatives and laxatives may be prescribed with these drugs to minimize sleeplessness and constipation. The fourth, thyroid, increases fat metabolism and aids fluid elimination from the tissues: it is less favored than the three mentioned above because of its more dangerous toxic effects. All of these drugs, it must be emphasized, are only adjuncts employed by a physician to the main dietetic treatment of obesity.

Although obesity is not a disease, per se, it can be regarded as an important contributor to disease. Every overweight person should take an objective look at himself and weigh the consequences of self-indulgence. Diet therapy must be accorded due respect for it is the way toward a healthier, happier and longer life. There's a way and if you have a will, it should be easy—well—fairly easy.

# **New Fashion-smart Nylon Uniforms**



Style No. 925 by Barco of Call-fornia. Button-down front, french tuck on blouse. Loose contour belt, convertible hi-low collar. % length sleeves. Removable shoulder pads. Sizes 10-20, \$14.95,

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Style No. 933 by BARCO of California. Buttons down the back. Multiple trench tucks, 'midriff' set-in belt, removable shoulder pads, French cuffs. Sizes 10-18, \$14,95.
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Offers graduate nurses
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Starting salary, general duty nurses, \$200 monthly, 40-hour week. \$10 additional, evening or night duty. Regular increases, month's vacation with pay, sick leave with pay, pension benefits, in-service educational program, opportunities for promotion, health service, residence facilities.

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#### Patients and You

[Continued from page 52]

We are often confronted with the problem of talking about the patient's illness. If there is any doubt about what to tell him, we should consult the physician or refer the patient's questions to him. At the same time, we often forget how little the average layman knows about his own body and its processes. A few simple words of explanation will often dismiss the patient's fears thereby speeding his recovery.

The convalescent period can be retarded also by over-solicitous treatment; therefore, we should never fail to realize the importance of helping a patient to help himself. Private duty nurses are perhaps the greatest offenders in this respect because they feel that they are engaged to do everything for the patient. Now that early postoperative ambulation is the general rule, it is even more important for nurses to see that their patients maintain the proper amount of activity.

Children who are ill need special understanding. We must remember that one of their most fundamental needs is security. Hospitalized children are taken from their natural surroundings and thrust into a strange bed in a strange room. The nurse, a frightening creature in white, has replaced the familiar mother. Is it any wonder that all children, except those acutely ill, resent this abrupt change in their environment?

We can help to create a feeling of security in these children by kind



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ASIDE from the social implications, lice are dangerous as disease carriers. They may transmit typhus fever, favus, impetigo, trench fever and other dangerous diseases. The direct irritation may cause violent itching with scratching and infection, urticaria and vagabonds' disease. A-200 Pyrinate

Liquid is recommended in cases of infestation.

The active ingredients are Pyrethrum extract activated with Sesamin, Dinitroanisole and Oleoresin of Parsley fruit, in a detergent water soluble base. The pyrethrins are well-known insecticides and Anisole is a well-known ovicide, almost instantly lethal to lice and their eggs, but harmless to man. The efficacy of A-200 was proved in 8,000 clinical cases in the District of Columbia jail.

#### Advantages of A-200 Pyrinate Liquid

A-200 is easy to use: no greasy salve to stain clothing, quickly applied, easily removed, non-poisonous, non-irritating, no tell-tale odor... one application usually sufficient.

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and sympathetic treatment. In introducing treatments or medicines we must be absolutely honest with them. If we tell them a painful treatment won't hurt, we are destroying their confidence and trust. Explanations, however, should never degenerate into petty arguments or bargainings. It is sometimes necessary to be firm with children for their own well-being, and our patience in these cases must be ruled by understanding instead of mere self-control.

Respect for the child as an individual is especially important in a ward. Some nurses are apt to "play favorites" and shun the less attractive children except for giving them necessary treatments and medications. An unsmiling, emaciated boy of 12 with Hirschsprung's disease had a colostomy which was not wellcontrolled. The nurse who gave him a bath every morning always expressed disgust at the odor of his dressings. Another nurse, noting the boy's extreme sensitivity about his condition, asked to have him put on her bath list. She took care that his dressings were changed frequently and stopped by his bed to talk with him whenever she could. The change in the boy's personality in just a few days was gratifying.

The chronically ill or handicapped person also presents special problems. These patients' attention should be directed outward rather than toward themselves and their troubles. Interest in outside activities and hobbies should be stimulated. Tasks should be given them which will make them feel that they are useful

members of society. One old man on city welfare, confined to wheel chair and bed with osteomyelitis, developed a skill in carving objects from wood. These products, sold to department stores, brought him an adequate income and he gained selfrespect and a new interest in life.

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There are many things we can do for our patients if we remember that they are human beings with minds and emotions as well as bodies. How often we are guilty of referring to a patient as a diagnosis rather than a name. There would be much more understanding of the patient in bed 10, diagnosis "coronary," if we thought of her as Mrs. Doe, a mother of an invalid daughter, trying tomake her old-age pension and a small amount derived from dress-making "do" for her daughter and herself. She has never been in a hospital before so we must reassure her constantly and give her the gentlest treatment.

If we regard our patients as people, not as case numbers, and apply a bit of psychology when caring for them, we shall find our work doubly interesting and infinitely more rewarding.

Good news for nurses whose uniforms undergo rigorous wear and constant laundering. Monsanto Chemical Company has announced that in one year it can produce enough Resloom to treat 5 million yards of fabric. Resloom is a type of melamine resin which makes material both crush resistant and shrink resistant.



#### R.N. Speaks

[Continued from page 27]

was agreement on the need for Federal aid, there was also hesitancy on the part of a few to accepting it. He tried to convince the wary that there would be no strings attached to the grants, impressing the group with the sentiment that the Government wanted only to increase professional personnel, not to meddle.

In regard to the administration and distribution of Federal grants, Mr. Ewing, as spokesman for the Truman Administration, stated this would be done through the Federal Security Agency direct to the approved schools of nursing, rather than through state bodies. (The approval would rest with the profession in that funds would be given to a school approved by a professional group designated by the Government, if the profession has such a unified accrediting agency . . . The nursing profession has not such a unified accrediting agency as yet.)

One sour note heard at that meeting, that could easily spoil the sweetness of Federal aid, was Mr. Ewing's answer to a question concerning the use of professional advisory committees in administering the total program. Mr. Ewing replied that he felt technical programs could not be operated without advice from the professions, but that he felt very strongly on this point for there had been times when such advisory groups had interfered and tied the hands of the administrator. He believed this to be wrong. (This is anything but a reassuring statement.)

Federal subsidy may be desirable but not at all costs. Such legislation may be the answer to the problems we have found impossible to solve ourselves, but before we jump on the bandwagon let us be sure safeguards as well as benefits are provided for. There is more than one way to jeopardize nursing's future. As well as advisory capacity in the administration program, organized nursing should have the final say as to the distribution of Federal funds.

It is no secret that many of the 1,125 hospitals participating in the Cadet Corps, which incidentally cost

#### Your interest in NoDoz Awakeners

is very flattering. I have received hundreds (863) of letters and cards requesting a professional sample. The only active ingredient is caffeine — each tablet is equivalent to a cup of strong coffee. NoDoz Awakeners are 25c at all Drug stores. Send me a 3c stamp and I'll mail you a full size package.

Hugh Harrison

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This is an opportunity to put your own ideas into action . . . as the position is being newly created!

They expect the right woman to be well prepared, experienced and enthusiastic.

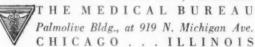
She will receive an excellent salary and be provided with very desirable living accommodations. The hospital is of moderate size and located in the East. Plans for further expansion are underway, and an interesting future is promised.

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soothe, settle and
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march R.N. 1949

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MARK YOUR NAME

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QUICK, EASY, PERMANENT

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APPLEGATE CHEMICAL COMPANY 5632 S. Harper Ave., Chicago 37, Illinois the Government \$175 million, were not acceptable to the multiple accrediting agencies of the nursing profession. But it was this weakness, that of not having a strong unified accrediting body, that permitted the mistakes and prolonged the many problems that are plaguing the profession today.

There is a project underway now that is specifically for the planning for the immediate unification of accrediting activities and the ultimate formulation of one central, authoritative professional body. This accrediting body had better be solidly established and unequivocally recognized by the Federal Government soon if there is even a remote chance of the passage of the proposed legislation, otherwise, without this safeguard, the nursing profession is heading for more terrific headaches than it has ever experienced before. What chaos could come to the profession if funds were appropriated to the very large number of inferior schools of nursing-not all are confined to hospital schools-some are also found at the collegiate levels. If the dangers of Federal subsidy ever materialize. the keynote will be retrogression rather than progression.

-ALICE R. CLARKE, R.N.

Postoffice Department recently issued a three-cent commemorative stamp honoring Clara Barton, famed Civil War nurse who founded the first American Red Cross Society in Washington in 1881. Miss Barton, 60 at the time, died in 1912 at 91.

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The twin boys in above photograph— Mare and Clay Cavness of Phoenix, Arizona—neither look exactly alike, nor are they duplicates in characteristics.

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This is true of margarines also. The more you know about margarine through use on your own table, the more you realize that all brands cannot be lumped in one category. Good margarine is not easy to make.

#### Why Nucoa is the margarine mothers by the million choose

Mrs. Jack C. Cavness, the twins' mother, is typical of the millions of high-minded young American mothers who let Nucoa margarine help them solve the problem of providing appetizing, nutritious meals at

moderate cost. Mothers have confidence in Nucoa, for Nucoa has been top-quality margarine for over thirty years. Its makers pioneered, one by one, the

important improvements that won approval for margarine from dietary experts. Nucoa was the first all-vegetable-oil margarine . . . the first made with vegetable oils from crops grown only within Continental United States . . . the first to add Vitamin A . . . the first to step up Vitamin A fortification to 15,000 U.S.P. units per pound, guaranteed.

#### Pound after delicious pound always the same

Not only is Nucoa's food value as calculated as baby's first formula, but the uniformity of Nucoa in pleasing texture and delicious flavor is controlled by manufacturing skill and rigid testing—54 laboratory tests daily on the oil alone. And

Nucoa always tastes sweet and fresh. Nucoa is freshly made the year round, on order only. There is no "storage" Nucoa!

Make your own appraisal of Nucoa-enjoy it on your own table.



NUCOA

America's most popular margarine

MADE BY THE MAKERS OF BEST FOODS AND HELLMANN'S REAL MAYONNAISE

#### A Heap O' Birthin'

[Continued from page 43]

usually has been handed down from mother to daughter through generations. It isn't unusual to find an old granny who still practices, but realizing her time is running out, is turning more and more of her work over to her daughter. Take Sarah for instance. She is well past 70 years with 600 deliveries that she can remember, to her credit. But now her limbs are getting too stiff to carry her very far through the backwoods to attend "birthings" so she is passing her practice on to her daughter.

In her prime, Sarah was like a good 50 per cent of the midwives in rural areas who have never turned a patient down just because they couldn't pay her fee. Many times her pay consisted of a chicken, a sack of beans, or perhaps a dollar. However, midwives, especially in urban areas, charge from \$25 up, depending on the patient's financial status. Many of them receive as much as physicians charge.

Today, more and more health departments are discovering the need for a strong liaison between them and the midwives, for these women are usually key people in their community and receive a high degree of respect. They can do much toward interpreting the health department's services to their people. Midwives will come voluntarily to the health department with their problems if there is close cooperation and understanding between the two. Many



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holds greater opportunities for the capable Nurse Technician than ever before. It is the one field that is not overcrowded, and one in which professional ability is highly regarded and recognized. Our catalog will be of interest and we shall be pleased to mail it postpaid upon request. Established 30 years.

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The gentle touch of soothing Resinol Ointment brings a smile of grateful relief from many a skin sufferer. Try Resinol the next time you have a patient in misery from itching and burning of dry eczema, rectal or vulval irritation, a chafed spot or similar skin distress. See how its special medication in lanolin allays the fiery itching, and how soon lingering, restful comfort follows.

For cleansing, refreshing baths, use bland Resinol Soap.

Professional sample of each sent, on request. RESINOL, NR-42, Baltimore 1, Md.

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it's the Mipple
that
makes it
Better

Only the Davol Nurser has the famous "Anti-Colic"\* Nipple with the short, flesh-like tip and firm sloping shoulder that copy the maternal nipple. It provides natural sucking action, so important for proper mouth and jaw development. The special "Anti-Colic" valve inside prevents clogging. Minimizes chance of colicky pain. This long-time favorite may also be used on narrowneck bottles.

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The placement agencies whose advertising appears in the pages of **R.N.** are reliable and you can deal with them in confidence.

They are qualified to serve and help you obtain the position you are seeking.



R.N.

Nightingale Press, Inc. Rutherford, N.J. times it is the midwife who will tell the nurse of a suspected tuberculosis or cancer case or of a helpless crippled child living in the backwoods.

Nurses who have worked with midwives find that they have gained new teaching skills. They have learned how to "make things do" in homes where there is no money to buy layettes, bathinettes and other luxuries of the baby market. They have become more tolerant and understanding of poverty and ignorance. One nurse remarked, "I have learned the simplicity of dignity and the dignity of simplicity."

Despite the vast amount of good done by midwives, it must be remembered that they are in need of constant supervision and training. There still remain too many of the "granny" type who persist in telling patients to "put an axe under the bed to cut the pains."

The ideal situation would be to have a certified nurse-midwife in every rural county who could constantly assist and supervise the midwives or give direct service to the patient. But until that day, these untutored women will carry on as they have since the days of Pharaoh.

\* Blackburn, Laura, "What the Midwife has Taught the Nurse," Public Health Nursing, August, 1941, pp. 460-2.

Great Britain, which employs more midwives than the U.S., is alarmed by its dwindling number. A committee recommends improved courses, more promotions, and urges the Medical Research Council to provide midwives with simpler, more effective means of reducing pain in childbirth.

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# Gohnson's BACK PLASTERS symptomatically relieve BACKACHE three ways

Here a Johnson's BACK PLASTER is being applied for myositis.

• First, these plasters provide mild counterirritation which causes local and reflex hyperemia—helping to relieve congestion and muscle pain. Second, they provide some support and aid in immobilization. Their supporting effect tends to reduce pain and muscle spasm. Third, they provide warmth and protection to the painful area.

Johnson's BACK PLASTERS are particularly effective in cases of low back strain, sacroiliac arthritis, myositis, lumbosacral fascitis and intercostal neuralgia. These plasters are safe, convenient and known by patients. They provide continuous supportive treatment over a period of several days.

During trying days, Johnson's BELLADONNA PLASTER helps in



two ways to relieve many of the annoying symptoms accompanying dysmenorrhea: 1. It provides the pharmacodynamic action of belladonna in full strength which is slowly absorbed and creates a mildly antispasmodic action in the uterine musculature. 2. It promotes warmth and support of aching back muscles thus helping to relieve that "tired feeling."

Write for liberal free supply of Johnson's BACK PLASTERS and BELLADONNA PLASTERS. Offer is limited to U.S.A. Dept. RN, Johnson & Johnson, New Brunswick, N. J.

Johnson's BACK PLASTER

# POSITIONS AVAILABLE

All notices in Positions Available are now considered paid advertising. The rate per insertion is \$5 for the first four printed lines, \$1 for each additional line. Estimate six words per line. Copy must be submitted to R.N., Rutherford, N.J., by the 5th of the month preceding publication; remittances must accompany insertion orders. Checks should be made payable to The Nightingale Press, Inc.

ADMINISTRATOR: 50-bed Colorado hospital. \$400. Building new hospital soon. N-257. Woodward Medical Bureau, 185 N. Wabash, Chicago 1, Ill.

ANESTHETIST: Modern anesthesia equipment; two anesthetists employed; salary open; month's vacation with pay plus sick leave. Apply Administrator, Lock Haven Hospital, Lock Haven, Pa.

ANESTHETIST: Registered. For 75-bed hospital; salary open; full time anesthetist em-ployed; living quarters. Write Sister Maura, St. Dominic's Hospital, Jackson, Miss.

ANESTHETIST: Fully approved; general hospital; pleasant working conditions; salary \$250 including full maintenance. Good Samaritan Hospital, Lebanon, Pa.

ANESTHETIST: New 20-bed Texas hospital; modern equipment. \$4,800 yearly. N-368. Woodward Medical Bureau. 185 N. Wabash, Chicago 1, Ill.

ANESTHETISTS: Several around San Francisco area; one in Utah near Salt Lake City; \$265-8300. Business and Medical Registry (agency), 553 S. Western Ave., Los Angeles 5. Calif.

ASSISTANT DIRECTOR OF NURSES: Large approved hospital in eastern medical center. Degree required; salary to \$4,000 yearly. N-137. Woodward Medical Bureau, 185 N. Wabash, Chicago 1, Ill.

ASSISTANT PROFESSOR: To coordinate teaching in the major program in nursing education; university school; \$5,000; 10-month year. RN3-9. Burneice Larson, Palmolive Building, Chicago 11, Ill.

Brooklyn, SUPERVISORS: N.Y. 4-12 and 12-8; active general hospital; interest in in-service teaching program necessary; challenging opportunity for competent responsible nurses good policies. Box BE-49. nurses; 40-hour week;

LABORATORY TECHNICIAN: Well-known southern California hospital. Must have degree and experience supervising work of other technicians; \$300-\$350. Business and Medical Registry (agency), 553 S. Western Ave., Los Angeles 5, Calif.

CLINICAL INSTRUCTOR: Immediate open-CLINICAL INSTRUCTOR: Immediate opening in 300-bed general hospital; approved school of nursing; large student body. Experienced R.N. with degree in nursing education required; salary about \$250 per month; vacation and sick leave policy. Write Personnel Director, Aultman Hospital, 625 Clarendon Ave., S. W., Canton 6, Ohio.

CLINICAL SUPERVISOR: Medical and surgical. 210-bed hospital in California; \$275; 40-hour week; degree and training in specialty. Shay Medical Agency, 55 E. Washington St., Chicago, Ill.

CLINIC NURSE: New, modern clinic in southern California. \$225 per month; 42-hour week. N-293. Woodward Medical Bureau, 185 N. Wabash, Chicago 1, Ill.

COLLEGE NURSE: For infirmary in large COLLEGE NORSE: For initially eastern university adjacent to Long Island Sound. \$150 with maintenance. N-294. Woodward Medical Bureau, 185 N. Wabash. Chicago 1, Ill.

DELIVERY ROOM and OPERATING ROOM NURSES: Brooklyn, N.Y. 40-hour week; 30 days' vacation; paid for overtime. Box BE-

DIRECTOR OF NURSES: West, 240-bed hospital; college affiliation; very excellent medi-cal staff. \$375; meals. Shay Medical Agency, 55 E. Washington St., Chicago, Ill.

DIRECTOR OF NURSES: Large eastern university hospital. Degree and experience required; \$4,800 with maintenance. N-449. Woodward Medical Bureau, 185 N. Wabash, Chicago 1, Ill.

DIRECTOR OF NURSES: For 30-bed approved Colorado hospital. Unusually attractive location. Good salary. N-474. Woodward Medical Bureau, 185 N. Wabash, Chicago 1,

DIRECTOR. OUTPATIENT DEPART-MENT: East. Rapidly growing teaching hospital; administrative experience necessary; university medical center; salary open to dis-

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EDUCATIONAL DIRECTOR: 200-bed approved hospital in Chicago suburb. \$3,600, maintenance. N-164. Woodward Medical Bureau, 185 N. Wabash, Chicago 1, Ill.

EDUCATIONAL DIRECTOR: Interesting opening with state board of nurse examiners; duties consist of inspecting schools throughout state, serving as counselor; minimum \$4,000, RN3-10. Burneice Larson, Palmolive Building, Chicago 11, Ill.

EDUCATIONAL DIRECTOR: Voluntary hospital of nearly 500 beds located in beautiful section of eastern state; short distance from large metropolis; university medical center. 200 students; school affiliated with college for 5-year program; modern nurses' residence; \$4,000-\$4,500. RN3-11. Burneice Larson, Palmolive Building, Chicago 11, Ill.

GENERAL DUTY: County hospital in Nevada. \$210, full maintenance; increase in six months to \$230. Business and Medical Registry (agency), 553 S. Western Ave., Los Angeles 5, Calif.

GENERAL DUTY NURSES: California. \$248 beginning, P.M. and night shifts. Meals \$10 a month, optional; uniforms laundered. Shay Medical Agency, 55 E. Washington St., Chicago, Ill.

GENERAL DUTY NURSES: 144-bed general hospital; 5-day, 40-hour week; good starting salary. Write Assistant Director of Nursing Service, St. Francis Hospital, Detroit 12, (Hamtramck), Mich.

GENERAL DUTY NURSES: 29-bed hospital located on Mexican border; attractive nurses' home; 8-hour day; six days weekly; alternate shifts; salary open. Apply Maverick County Memorial Hospital, Eagle Pass, Tex.

GENERAL DUTY NURSES: California opportunity. Urgently needed for new small hospital in San Joaquin Valley. Hospital is well equipped and town offers advantages and pleasantness of life in small community within easy travel distance of Oakland and San Francisco. 40-hour week; minimum starting salary \$220. Qualified supervisors and nurses will have first choice and excellent

chances to be considered by Administrator-Consultant for advanced positions in three other California hospitals upon completion of construction in Fall, 1949. Write Administrator, Tracy Community Memorial Hospital, Tracy, Calif.

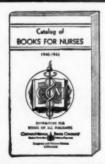
GENERAL DUTY NURSES: 125-bed hospital; 40-hour week; alternating shifts; two weeks' paid vacation; sick leave after three months; retirement plan; salary with meals and laundry. Apply Superintendent of Nurses, Sheboygan Memorial Hospital, Sheboygan, Wis.

GENERAL DUTY NURSES: For 21-bed hospital just opened; salary \$220 plus \$5 for evening and night duty; 40-hour week; vacation with pay and sick benefits; board available for \$10 a month. Apply Corcoran Hospital, Corcoran, Calif.

GENERAL DUTY NURSES: Modern tuberculosis hospital on Long Island, convenient to New York City. Rotating service; \$220 a month plus full maintenance; cash allowance made for living out. Liberal sick leave; vacation and retirement plan. Apply to Director of Nursing, Nassau County Tuberculosis Hospital, Farmingdale, Long Island, N.Y.

GENERAL STAFF NURSES: For university hospital. Positions in operating rooms, surgical, medical, neuro-psychiatric and tuberculosis nursing units. 5-day, 40-hour week; hospital day begins at 8 A.M. All university holidays with pay; 12 days' illness with pay and 12 days' paid vacation yearly. Salary full cash basis. Rotating hours of duty; \$205 per month minimum. \$215 maximum. Additional \$5 per month for permanent evening or night duty. Promotion to nursing unit administrative positions made from general staff. Room charge \$20 per month for nurses desiring to live in nurses' residences. Write Director of Nursing, University Hospital, Ann Arbor, Mich.

GRADUATE NURSES: Seven wanted for general duty during summer months starting June 1 in well-equipped 24-bed hospital in resort town adjacent to Yellowstone Park. Eight hours; six days; full maintenance; opportunity to spend the hot summer months in mountainous region of Jackson Hole, Wyo. Apply Superintendent of Nurses, St. John's Hospital, Jackson, Wyo. [Turn the page]



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Everybody loves the fragrant way Minipoo restores sheen, retains wave! The handy mitt applicator makes it quick and easy to use—ne soap, water or drying! Minipoo removes oil, dirt, unpleasant hair odors!



30 Shampoos and handy Mitt in each package.

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Sis' sudden date finds her ready with shining hair, thanks to handy Minipool



When Ann catches cold, safe, dry, Minipoo keeps her hair clean.



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ANESTHETIST, R.N.: Completely trained; industrial, 155 beds; \$300; southern state.

DIRECTOR OF NURSES: Florida, \$300, full maintenance, suite of rooms; 165 beds; good training, good experience.

EDUCATIONAL DIRECTOR: Midwest. 31 students at present; \$300, full maintenance, apt. in new nurses home; degree, M.A. or B.S.; 118-bed hospital.

INSTRUCTORS: East. Clinical, Science; salary range, both positions, \$231-250 with full maintenance; 55 beds.

REGISTERED NURSES: For general duty and surgical relief; California; 20-bed general, plan expansion; 8 hour day, 5 day week, consecutive days off; basic salary \$215, increases, additional for night and PM shifts.

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HEALTH DIRECTOR: West, Collegiate school; duties include teaching hygiene; quarters available in residence on campus; university medical center. RN3-13. Burneice Larson, Palmolive Building, Chicago 11, Ill.

HEAD NURSE: 100-bed approved hospital in residential community near New York City. \$2.400 maintenance. N-124. Woodward Medical Bureau, 185 N. Wabash, Chicago 1, Ill.

HEAD NURSES: North. Minimum salary \$220 with annual increment and adjustment for special hours; school of nursing affiliated with university; 250 beds. Shay Medical Agency, 55 E. Washington St., Chicago, Ill.

HEAD NURSES and GENERAL DUTY NURSES: For 650-bed tuberculosis hospital located 15 miles south of St. Louis. Gross starting salary: head nurses \$265 per month; general duty nurses \$250 per month; yearly increments granted; full maintenance if desired at \$48 per month. 44-hour week; three weeks' annual vacation; 11 holidays a year; accumulative paid sick leave after 60 days' employment; must be eligible for Missouri registration. Apply Superintendent of Nurses, Robert Koch Hospital, Koch, Mo.

INDUSTRIAL NURSE: Considerable experience required. To direct health program and serve as counselor; large industrial company; Chicago's Loop. RN3-17. Burneice Larson, Palmolive Building, Chicago 11, Ill.

INSTRUCTOR: Clinical instructor for surgical department; degree and teaching experience required; noted West Coast medical center; excellent salary. Business and Medical Registry (agency), 553 S. Western Ave., Los Angeles 5, Calif.

INSTRUCTOR: Clinical. 300-bed approved Midwest hospital. Salary \$250-3300 with maintenance. N-104. Woodward Medical Bureau, 185 N. Wabash, Chicago 1, Ill.

INSTRUCTOR: Clinical. 100-bed approved hospital in Illinois college town. Salary \$3,000 yearly with maintenance. N-138. Woodward Medical Bureau, 185 N. Wabash, Chicago 1, Ill.

INSTRUCTOR: Clinical and science. 100-bed approved Ohio hospital; \$3,000, maintenance. N-157. Woodward Medical Bureau, 185 N. Wabash, Chicago 1, Ill.

INSTRUCTOR: Nursing Arts, Large eastern university hospital. \$4,000 yearly. N-238. Woodward Medical Bureau, 185 N. Wabash, Chicago 1, III.

INSTRUCTOR: Nursing Arts. 100-bed approved Illinois hospital. \$3,600 yearly, maintenance. N-216. Woodward Medical Bureau, 185 N. Wabash, Chicago 1, Ill.

INSTRUCTOR: Nursing Arts. 100-bed approved Pennsylvania hospital. \$3,600, maintenance. N-221. Woodward Medical Bureau, 185 N. Wabash, Chicago 1, Ill.

INSTRUCTOR: Psychiatric nursing. University hospital; attractive location; opportunity for advancement; \$3,000, maintenance. N-110. Woodward Medical Bureau. 185 N. Wabash, Chicago 1, III. [Turn the page]

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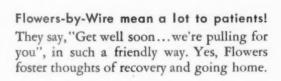
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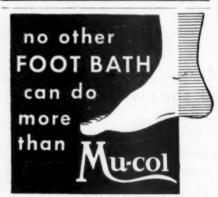
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INSTRUCTOR: Science. Attractive opportunity in small approved hospital in northern Pennsylvania. \$3,350. N-123. Woodward Medical Bureau, 185 N. Wabash, Chicago 1, Ili.

INSTRUCTOR: Science. 100-bed approved hospital near Phoenix, Ariz. \$3,200, mainte-nance, N-153, Woodward Medical Bureau, 185 N. Wabash, Chicago 1, Ill.

INSTRUCTORS: Tuberculosis and psychia-tric nursing. East, Large hospital; visiting staff from two medical schools; teaching center; salaries \$4,000. RN3-16. Burneice Larson, Palmolive Building, Chicago 11, Ill.

LABORATORY and X-RAY TECHNICIAN: Also general duty nurses and anesthetist. Salary good with complete maintenance. ply Superintendent of Nurses, Wayn Community Hospital, Waynesboro, Va. Waynesboro

MALE GRADUATE NURSE: East. Office of American Board urologist. Duties: assisting with male patients; preparing, sterilizing cystoscopic layouts; simple laboratory work. RN3-18. Burneice Larson, Palmolive Building, Chicago 11, Ill.

NIGHT SUPERVISOR: 70-bed approved Virginia hospital; attractive college town; \$3,000, maintenance. N-125. Woodward Medi-cal Bureau, 185 N. Wabash, Chicago 1, Ill.

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OBSTETRICAL SUPERVISOR and ASSIST-ANT SUPERVISOR: 400-bed hospital in Western New York State. Obstetrical divi-sion 65 beds. Responsible for administration of division and instruction of student nurses. Salary open, Apply Rochester General Hospital, Rochester, N.Y.

OBSTETRICAL SUPERVISOR: For new airconditioned hospital near Houston, Tex. \$3,000 yearly. N-129. Woodward Medical Bureau, 185 N. Wabash, Chicago 1, Ill.

OBSTETRICS SUPERVISOR: For 45-bed general hospital in Los Angeles suburb; 40-hour week; \$235, maintenance. Business and Medical Registry (agency), 553 S. Western Ave., Los Angeles 5, Calif.

OCCUPATIONAL THERAPIST: Chief. Large tuberculosis sanatorium near Washing-ton, D.C. Salary to \$4,149 yearly. N-130. Woodward Medical Bureau, 185 N. Wabash, Chicago 1, Ill.

OFFICE NURSE: West. To assist American Board otolaryngologist; surgical experience desirable. Town of 50,000, RN3-19. Burneice Larson, Palmolive Building, Chicago 11, Ill.

OPERATING ROOM NURSE: Salary open. Also general duty nurses for medical, surgical and obstetrical departments. 50-bed hospital located in university city, central Ohio; vacation; sick leaves and full maintenance allowed. Apply Superintendent, Jane Case Hospital, Delaware, Ohio.

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Your patients will enjoy brushing their teeth with Kolynos. The cool, minty flavor and the soft creamy consistency of Kolynos makes it the kind of dentifrice that users readily accept. Kolynos cleans teeth well, removes dull surface stains due to improper cleansing. When a patient asks, "What dentrifrice should I use?" why not suggest, "Kolynos".



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Ann Woodward Director

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OPERATING ROOM NURSE: With some general experience in operating room; good opportunity in small hospital. Apply Mahaska Hospital, Oskaloosa, Iowa.

OPERATING ROOM SUPERVISOR: 100-bed approved hospital in Chicago suburb. \$3,000. maintenance. N-234. Woodward Medical Bureau, 185 N. Wabash, Chicago 1, Ill.

O. R. NURSE: California. \$266 to start, \$10 extra for call. 103 beds. Need is urgent. Shay Medical Agency, 55 E. Washington St., Chicago, Ill.

PUBLIC HEALTH NURSES: Vacancies in New York City Health Department. Generalized service including maternal and child care, school health and communicable disease control; immediate appointment on provisional basis; starting salary \$2,400;37-hour week; liberal vacation allowance; in-service training. Write Bureau of Nursing, City Health Dept., 125 Worth St., New York 13, N.Y.

PUBLIC HEALTH SUPERVISOR: Middle West city health department. To conduct generalized public health nursing program including school health nursing services. \$4,500-\$5,000. RN3-30. Burneice Larson, Palmolive Building, Chicago 11, Ill.

REGISTERED NURSE: Small maternity hospital, centrally located, Germantown, Philadelphia. Live in; \$150 per month plus maintenance; 8-hour duty. Apply Florence Crittenton Home, 6323 Burbridge Street, Philadelphia 44, Pa.

REGISTERED NURSES: All services or shifts in 150-bed general hospital. Straight 8-hour, 44-hour week; vacation and sick leave with pay. Beginning \$8 per day; \$8.60 per evening or night. Inexpensive rooms in vicinity. Write Director of Nurses, Glenville Hospital, Cleveland 8, Ohio.

REGISTERED RECORD LIBRARIAN: 90bed approved Kentucky hospital; \$3,000, maintenance. Woodward Medical Bureau, 185 N. Wabash, Chicago 1, Ill.

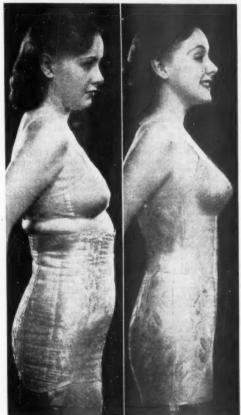
SCIENCE INSTRUCTOR: Also nursing arts instructor. May start now or Sept., 1949; degree necessary; month's vacation with pay plus sick leave; 40-hour week; salary open. Apply Directress of Nursing, Lock Haven Hospital, Lock Haven, Pa.

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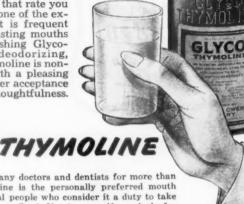
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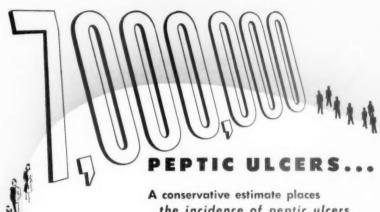
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